

percent of all Trump voters who disapproved.”

**NYTimes’ Gabriel Again Highlights Michigan Small Business Owner Happy With Trump.** Writing for the [New York Times](#) (9/6, Subscription Publication, 13.56M), reporter Trip Gabriel discusses a recent [article](#) he penned about “an auto parts factory in Michigan” owned by Anita-Maria Quillen. Gabriel says, “The time I spent at the factory was largely a period of setbacks for Ms. Quillen: She had lost \$3 million in orders earlier in the year, and efforts to replace that work were fizzling. ... Since then, things have looked brighter. A customer Ms. Quillen suspected was on the verge of yanking millions in work reversed course,” and another “company she thought was giving her the runaround on a new part she proposed to make decided to order up the work after all: a job worth \$1.2 million annually. ‘It’s crazy how quickly the tides can change,’ Ms. Quillen wrote to me recently, as the latest federal jobs report showed a bump in factory employment. She was looking forward to hiring again, potentially good news in Trump Country.”

**POLL: BY 36%-30% MARGIN, AMERICANS FEEL MORE POSITIVE ABOUT TRUMP THAN**

**CLINTON.** [Politico](#) (9/6, Nelson, 3.6M) reported, “The number of Americans who say they hold positive views” of President Trump “has dropped to its lowest point since his inauguration, according to an NBC News/Wall Street Journal [poll](#)” of 1,200 US “adults,” taken Aug. 5-9. Politico said, “Just 36 percent of those reached by pollsters said they have either very or somewhat positive feelings about Trump, 2 points lower than in the poll’s June iteration. But at 36 percent, Trump still finished 6 points higher than [Hillary] Clinton...about whom just 30 percent of respondents said they feel either very or somewhat positive.”

**Clinton Criticizes Biden For Saying Democrats Didn’t Focus On Middle Class.** [The Hill](#) (9/6, Manchester, 1.68M) reported that in her new book, titled “What Happened,” Clinton criticizes former Vice President Joe Biden over “his assessment that Democrats did not focus on the middle class during the presidential race.” Clinton is quoted as writing, “Joe Biden said the Democratic Party in 2016 ‘did not talk about what it always stood for – and that was how to maintain a burgeoning middle class.’ I find this fairly remarkable, considering that Joe himself campaigned for me all over the Midwest and talked plenty about the middle class.” Clinton “was referring to comments made in May by Biden, in which he criticized Democrats’ strategy to win over working-class voters.”

On the [CBS Evening News](#) (9/6, story 9, 2:00, Mason, 11.17M), Nancy Cordes reported that in her book, Clinton “argues she was done in, in part, by an unhealthy fixation on her marriage, her health, and her emails. ‘What makes me such a lightning rod for fury? I’m really asking? I’m at a loss. I think it’s partly because I’m a woman.’ Clinton admits it was bad optics to give highly paid speeches in the run-up to the race, and she admits she and her team misread the mood of the country. ‘I was running a tradition presidential campaign with carefully-thought-out policies and painstakingly-built coalitions, while Trump was running a reality TV show that expertly and relentlessly stoked Americans’ anger and resentment.’”

**GROUP CLAIMS TRUMP VOTER COMMISSION MEMBERS USING PERSONAL EMAIL ACCOUNTS.**

The [Washington Times](#) (9/6, Dinan, 541K) reports that members of President Trump’s Presidential Advisory Commission and Election Integrity “have been using personal email accounts to conduct the panel’s business, violating a federal law, according to a group that has sued to demand more transparency from the commission. In court papers filed Tuesday the Lawyers’ Committee for Civil Rights Under Law said the Justice Department admitted in a conference call that personal email accounts were being used by some panelists.” DOJ attorneys “didn’t refute the substance of the claim but said in a reply that they didn’t recall making any ‘definitive’ statements about it during the conference call.”

**FACEBOOK SAYS IT SOLD \$100K IN POLITICAL ADS TO RUSSIAN FIRM DURING 2016**

**ELECTION.** On [ABC World News Tonight](#) (9/6, story 10, 0:20, Muir, 14.63M), David Muir reported, “A major headline from Facebook. The social media giant revealing \$100,000 in political ads were bought from fake accounts from Russia during the presidential election – 3,000 ads purchased over a two-year period, and they were displayed on accounts in the US during the election. Facebook giving the finding from an internal investigation to US authorities.”

The [Washington Post](#) (9/6, Leonnig, Hamburger, Helderman, 10.38M) reports that Facebook officials on Wednesday “told congressional investigators” that the social-networking service “has discovered it sold



ads during the US presidential election to a shadowy Russian company seeking to target voters. ... Facebook officials reported that they traced the ad sales, totaling \$100,000, to a Russian 'troll farm' with a history of pushing pro-Kremlin propaganda." The Post adds, "A small portion of the ads, which began in the summer of 2015, directly named Republican nominee Donald Trump and Democrat Hillary Clinton, the people said. Most of the ads focused on pumping politically divisive issues such as gun rights and immigration fears, as well as gay rights and racial discrimination."

House Intelligence Committee ranking member Rep. Adam Schiff (D) said on [CNN's Situation Room](#) (9/6, 1.32M) that from what he understands, "Facebook's conclusion is that most [of the ads] were not geographically targeted, although some were." He added that "among those that were, we need to find out why...and were [the Russians] at a level of sophistication where they would have needed help or assistance" from the Trump campaign. The [Wall Street Journal](#) (9/6, Harris, Tau, Subscription Publication, 6.45M) reports that the revelation by Facebook officials could raise more questions about the breadth of Russia's use of social media to disseminate propaganda.

***House Intelligence Chair Threatens To Bring Sessions, Wray Before Panel Over Trump Dossier.***

The [Washington Times](#) (9/6, Noble, 541K) reports that House Intelligence chair Rep. Devin Nunes (R-CA) "is threatening to drag" US Attorney General Jeff Sessions and FBI Director Chris Wray "before the committee next week if the Justice Department fails to turn over documents related to a salacious dossier of President Trump's supposed activities in Russia." The panel issued "a pair of subpoenas to the Justice Department and the FBI, seeking documents related to the agencies' relationship with former British spy Christopher Steele, who authored the dossier, as well as copies of Foreign Intelligence Surveillance Act applications that relied upon information provided by Mr. Steele, according to a letter" written "by...Nunes," who said that if the DOJ doesn't "turn over requested documents, he will seek to compel Mr. Sessions and...Wray to appear before the committee on Sept. 14 'to explain under oath DOJ's and FBI's unwillingness or inability to comply with the full subpoenas issued on August 24.'"

***Schiff: Nunes Wants To Discredit FBI's Russia Probe.*** In an interview with Schiff, Wolf Blitzer reported on [CNN's Situation Room](#) (9/6, 1.32M) that the committee's chairman, Nunes, has issued a letter to Sessions and Wray "threatening to hold [them] in contempt of Congress," if they fail to provide documents related to the "so-called dossier compiled by a former British intelligence agent" on allegations about "Trump's personal and financial life." Blitzer said that Nunes had previously "removed himself from the Russia investigation." Schiff said Nunes "shouldn't be" issuing subpoenas related to the probe, adding that he also doesn't understand the move because "we hadn't even sent [the FBI and Justice Department] a voluntary request for information." Schiff said he thinks Nunes wants to "discredit" both Steele and the FBI's investigation.

Rep Jim Himes (D-CT), a member of the House Intelligence Committee, said on [CNN's Situation Room](#) (9/6, 1.32M) that he also wonders why Nunes is involving himself after his recusal. Himes also discussed the dossier, saying it "has never been an important part of...the investigation that I'm involved in." He added that while the "general consensus is that many of the allegations in that dossier are unproven...I would note that none of the allegations...to my knowledge, have been refuted."

***Trump Jr. To Testify Before Senate Judiciary Committee Today.*** [USA Today](#) (9/6, Kelly, 8.62M) reports that Donald Trump Jr. "will testify behind closed doors Thursday before the Senate Judiciary Committee about a 2016 meeting he attended with a Kremlin-linked lawyer offering dirt on Democratic presidential candidate Hillary Clinton." Trump Jr. "attended a June 2016 meeting with Russian lawyer Natalia Veselnitskaya at Trump Tower along with Paul Manafort, who was Trump's campaign manager at the time, and Jared Kushner, who is Trump's son-in-law. Trump Jr. released emails in July of this year that showed he actively sought damaging information about Clinton from the meeting even after he was told it would come from the Russian government. Trump Jr. has described the meeting as a waste of time, saying it did not yield any useful information for his father's campaign."

The [New York Times](#) (9/6, Fandos, Subscription Publication, 13.56M) reports, "Committee aides said the interview, Mr. Trump's first with congressional investigators, will be transcribed and could last for much of the day. ... The closed-door interview is the clearest indication yet that the Senate Judiciary Committee –

after months of being eclipsed by the Senate and House intelligence committees – is emerging into a higher-profile role in investigating the president, his family and his associates in the coming months.”

Jim Sciutto reported on [CNN's Situation Room](#) (9/6, 1.32M) that Trump Jr. will meet with Senate Judiciary Committee members on Thursday, but one member of the panel, Sen. Dianne Feinstein (D-CA), is “insist[ing]” that he eventually testify in public about what “he knows about Russian meddling.” Manu Raju reported on [CNN's Situation Room](#) (9/6, 1.32M) that Feinstein said Trump Jr. and the committee had reached an agreement “that there will be a public hearing.” She was shown saying that subpoenas will be issued if that doesn’t happen.

[Politico](#) (9/6, Samuelsohn, 3.6M) reported that Trump Jr. “was called to publicly testify before the Senate committee in July, but” he “instead offered to conduct both a private interview and hand over documents for committee investigators. Alan Futerfas, Trump Jr.’s attorney, confirmed in an email to POLITICO the interview would take place on Thursday. ‘We look forward to a professional and productive meeting and appreciate the opportunity to assist the committee,’ he wrote.”

Himes said on [CNN's Situation Room](#) (9/6, 1.32M) that Trump Jr. is a “key” person in the investigation because he “is sort of at the point of that spear” in terms of “possible connections between the Trump campaign and the Russian hack effort.”

Sen. Chris Coons (D-DE) was asked on [CNN's The Lead](#) (9/6, 1.34M) what he expects to hear from Trump Jr. on Thursday. Coons said, “What I am focused on is the future public hearing where we are going to be able to hear Donald Trump Jr. and potentially other witnesses testify under oath in public. One of the things I hope to question Donald Trump Jr. about in that future public hearing is why he was utterly unsurprised, at least according to the e-mail records, when he was told there was an effort afoot by the Russian regime, by the Putin government, to try and assist his father in winning the presidential campaign. ... His response which was to look forward to the meeting and to welcome it I think suggests he may have known more about the Russian efforts than he so far has led on.”

[The Hill](#) (9/6, Williams, Savransky, 1.68M) reported, “Senate investigators from both the Intelligence and Judiciary committees have been vying to have first the crack at interviewing the president’s son, who is now running Trump’s real estate empire with his brother, Eric Trump.”

**Schiff: Moscow Trump Tower Proposal Raises New Concerns For House Intel Committee.** Schiff was asked on [CNN's Situation Room](#) (9/6, 1.32M) what the impact will be on his panel regarding revelations that Trump’s “personal lawyer, Michael Cohen, asked the Kremlin for help potentially with developing a [Trump Tower] hotel...in Moscow during the campaign” when Trump “repeatedly denied he had business dealings with the Russians.” Schiff said it “certainly raise[s] additional concerns because...the campaign was taking a very pro-Russia, pro-Putin policy. Was this being guided by their financial interests?” Schiff added that one of his “chief concerns” is whether the Russians engaged in money laundering with the Trump campaign, which he said would mean “the Russians have continuing leverage over the President.”

Himes said on [CNN's Situation Room](#) (9/6, 1.32M) that the revelations about Cohen concern him because they are part of a “persistent theme in this investigation” of “outright blanket denials followed by, oops, turns out that denial is not true.”

According to Manu Raju on [CNN's Situation Room](#) (9/6, 1.32M), Sen. Lindsey Graham, a member of the Senate Judiciary Committee, said the Cohen revelations raise questions, and that he would want to hear from Cohen as a witness in the panel’s Russia probe.

**Susan Rice Interviewed By House Intelligence Committee.** Catherine Herridge reported on [Fox News' Special Report](#) (9/6, 1.81M) that Susan Rice, the national security adviser under former President Obama, met Wednesday with House Intelligence Committee members who “want more insight into Russian’s election meddling as well as Rice’s request to identify Trump campaign associates” caught up in foreign intelligence surveillance. According to Manu Raju on [CNN's Situation Room](#) (9/6, 1.32M), Rice



had “a lot of questions from some of the Republicans who attended about [the] issue of unmasking. She contended she did nothing...wrong.”

**Liberal Groups Advise Democrats To Avoid Talk Of Impeachment Amid Russia Probe.** [USA Today](#) (9/6, Przybyla, 8.62M) reports that congressional Democrats “are being advised by a network of progressive activists trying – for the first time – to coordinate the party’s messaging on the special counsel investigation of President Trump’s Russia ties. A core piece of advice: Do not ‘invoke impeachment.’ The guidance comes from a memo funded by groups, including MoveOn.org, Stand Up America, American Bridge and End Citizens United.” USA Today says, “The memo, by the outside polling firm Greenberg Quinlan Rosner, advises Democrats to stress the need to protect the investigation, draw a line against pardons and stress the national security implications of Russian meddling in the 2016 election while avoiding talk of impeachment.”

**DAILY CALLER: EX-IT SPECIALIST MAY HAVE WANTED CAPITOL POLICE TO FIND WASSERMAN SCHULTZ’S LAPTOP.** In an “exclusive,” the [Daily Caller](#) (9/6, Rosiak, 521K) reported, “A laptop that Rep. Debbie Wasserman Schultz has frantically fought to keep prosecutors from examining may have been planted for police to find by her since-indicted staffer, Imran Awan, along with a letter to the US Attorney. US Capitol Police found the laptop after midnight April 6, 2017, in a tiny room that formerly served as a phone booth in the Rayburn House Office Building, according to a Capitol Police report.” Beside “the laptop was a Pakistani ID card, copies of Awan’s drivers license and congressional ID badge, and letters to the US attorney.” The Daily Caller added, “The laptop had the username ‘RepDWS,’ even though” Wasserman Schultz “previously said it was Awan’s computer and that she had never even seen it.”

**SLF DIGITAL AD HITS MCCASKILL OVER RUSSIA AMBASSADOR FLAP.** [The Hill](#) (9/6, Kamisar, 1.68M) reported that the Senate Leadership Fund, a super PAC operated by allies of Senate Majority Leader Mitch McConnell, “is launching its opening salvo against” Sen. Claire McCaskill (D-MO) “ahead of her 2018 reelection campaign by needling her over contact with Russia with a new nickname – ‘Comrade Claire.’” The group’s “digital ad zeroes in on McCaskill’s previous comments about the Russian ambassador.” Earlier this year, McCaskill – responding “to reports that Attorney General Jeff Sessions failed to disclose meetings with then-Russian Ambassador Sergey Kislyak” – said in a tweet “that she had never spoken to or met Russia’s ambassador to the” US “during her career in the Senate.” However, “tweets surfaced of her commenting on a 2013 meeting and a 2015 phone call with the ambassador. And CNN reported that McCaskill had attended a reception at Kislyak’s house back in 2015.” The SLF ad “rehashes the controversy.”

**STUDY: PERCENTAGE OF US WHITE CHRISTIANS DROPS TO 43%, BUT THEY MAKE UP 73% OF GOP.** [USA Today](#) (9/6, Singer, 8.62M) reports, “White Christians are no longer a majority in America, but they still make up nearly three-quarters of the” GOP, “according to a sweeping new study of faith in America being released Wednesday. White Christians accounted for 80% of the US population when Jimmy Carter was president; that number had dropped to 54% by 2006, and white Christians now make up only 43% of the US population.” However, “the GOP remains about 73% white Christian – down slightly from 10 years ago – and 35% evangelical, despite the fact that white evangelical protestants now make up only 17% of the U.S. population, according to the yearlong survey of more than 100,000 people by PRRI, a public policy research firm that specializes in issues of faith. By contrast, fewer than one-third of Democrats are white Christians, down from about 50% a decade ago.”

The [Washington Times](#) (9/6, Richardson, 541K) reports that PRRI CEO Robert P. Jones, “author of ‘The End of White Christian America,’ said the data suggest that [president] Trump’s ‘unlikely victory is better understood as the death rattle of White Christian America’ rather than its resuscitation. ‘Twenty years from now, there is little chance that 2016 will be celebrated as the revival of White Christian America, no matter how many Christian right leaders are installed in positions of power over the next four years,’ Mr. Jones wrote in an article in The Atlantic a few days before the survey was published. ‘Rather, this election will most likely be remembered as the one in which white evangelicals traded away their integrity and influence in a gambit to resurrect their past.’”

**POLL: MOORE LEADS STRANGE 52%-36% IN SEPT. 26 GOP PRIMARY RUNOFF.** In a report on the Alabama special election for the former seat of Attorney General Sessions, the [Huntsville \(AL\) Times](#) (9/6, Gattis, 734K) says that a Southeast Research poll of 401 likely Republican runoff voters, taken Aug. 29-31, shows ex-state Supreme Court Justice Roy Moore leading appointed Sen. Luther Strange 52%-36% in the Sept. 26 GOP primary runoff; 12% were undecided. The Times adds, "It's the third post-primary poll that has reflected a double-digit lead for Moore. ... Two other polls, while still putting Moore in the lead, had Strange within the margin of error for a statistical tie."

**House Freedom Caucus Chair Meadows Endorses Moore.** [The Hill](#) (9/6, Kamisar, 1.68M) reported that House Freedom Caucus Chair Rep. Mark Meadows (R-NC) on Wednesday backed Moore over Strange in the runoff, "spurning the incumbent backed by Senate Majority Leader Mitch McConnell (R-Ky.) and President Trump." Meadows, in a statement, "took a swipe at McConnell and his allied super PAC, the Senate Leadership Fund, which has spent millions on the airwaves to boost Strange. 'The people of Alabama are seeing millions of dollars in false advertising flow into their state. From what I know about the people of Alabama, their vote is NOT for sale. They want a strong man – a principled conservative – to send a clear message to Washington, D.C...that his vote can't be bought either,' Meadows said."

**Roll Call** (9/6, Garcia, 134K) reported that Moore vowed "to work with Meadows if he is elected to the Senate and praised the work of the Freedom Caucus. 'I look forward to partnering with him and other members of the House Freedom Caucus to bring real conservative change to Washington, as the first Freedom Caucus member of the United States Senate,' he said in [a] statement." [Politico](#) (9/6, Strauss, 3.6M) reported that Moore on Tuesday "was endorsed by the Senate Conservatives Fund and former Arkansas Gov. Mike Huckabee. He was also recently endorsed by former White House chief strategist Steve Bannon and Rep. Jody Hice (R-Ga.)."

**Strange's First Ad Of Runoff Labels Moore A "40-Year Politician."** Meanwhile, [The Hill](#) (9/6, Shelbourne, 1.68M) reported that Strange, in "his first television ad" of the runoff, labels Moore "a '40-year politician.'" The spot levies "multiple attacks against Moore, including one about the pay he received in his work at the Foundation for Moral Law, which he founded. 'Forty-year politician Roy Moore, in the Montgomery swamp. Roy Moore, it's all about him. That's risky for us,' the narrator says in the ad."

**ZINKE'S WIFE TO SERVE AS MONTANA SENATE HOPEFUL DOWNING'S CAMPAIGN CHAIR.** The [AP](#) (9/6) reports that Lolita Zinke, wife of Interior Secretary Ryan Zinke, is supporting storage company CEO Troy Downing's (R) 2018 bid to unseat Sen. Jon Tester (D-MT). Downing on Wednesday announced that Lolita Zinke will serve as "his campaign chairwoman, assisting Downing and his campaign staff." The AP adds that Ryan Zinke, a former congressman, "was the Montana GOP's top choice to take on Tester until President Donald Trump picked him for the cabinet post."

**Tester: Congress Should Perhaps "Take A Solid Look At" Single-Payer Healthcare.** [The Hill](#) (9/6, Roubein, 1.68M) reported that Tester, who faces what's expected to be a competitive reelection race next year, on Wednesday "said Congress should perhaps take a 'solid look' at a single-payer health care system." His remarks "during a bipartisan hearing of the Senate Homeland Security and Governmental Affairs Committee come at a time when more Democrats are getting on board with the idea of government-funded health care. Tester, a centrist," is quoted as saying that "there's been a lot of debate, there's been amendments offered on single payer for political purposes, but maybe not. Maybe it's something we should, quite frankly, take a solid look at."

**JURY HEARS OPENING STATEMENTS IN MENENDEZ BRIBERY TRIAL.** [Reuters](#) (9/6, Ax) reports that the bribery trial of Sen. Bob Menendez (D-NJ) began on Wednesday with opening statements by prosecutors and defense attorneys "in a case whose outcome could have an outsized impact on a divided Congress in Washington, D.C." Menendez "is accused of intervening with federal officials on behalf of a wealthy benefactor in exchange for lavish gifts, including luxury vacations and major political contributions." Reuters notes that if Menendez is convicted "and either resigns or is expelled by his colleagues before January, his replacement would be named by New Jersey Governor Chris Christie, a Republican and staunch supporter of President Donald Trump."



[Politico](#) (9/6, Friedman, Hutchins, 3.6M) reports that lead federal prosecutor Peter Koski said in his opening statement on Wednesday that “in a corrupt bargain, wealthy Florida eye doctor Salomon Melgen gave Senator Menendez ‘a lifestyle that reads like a travel brochure for the rich and the famous’ and hundreds of thousands of dollars in political contributions in exchange for official favors.” Koski “laid out the corruption case against Menendez and Melgen, his co-defendant, telling jurors in federal court that the New Jersey Democrat had accepted bribe after bribe from a wealthy Florida doctor who wanted one thing: His influence.” In his opening statement on Wednesday afternoon, Menendez’s attorney, Abbe Lowell, “said the prosecution’s arguments are moot because there was no bribery – no intent to accept a quid pro quo. ‘It is that one word, friendship, that the evidence will show was the true nature’ of their relationship, Lowell said.”

The [Washington Post](#) (9/6, Barrett, 10.38M) reports that Koski told jurors, “This is what bribery looks like. These two defendants corrupted one of the most powerful offices in our country. The defendants didn’t just trade money for power, they also tried to cover it up.” Lowell, on the other hand, “accused the Justice Department of trying to paint a decades-long friendship as something sinister and criminal. ‘It is wrong for a public official to violate the public trust, but it’s equally wrong for an innocent man to be charged,’ he said. ‘The evidence will be that Bob Menendez and Sal Melgen have a real friendship.’”

The [New York Times](#) (9/6, Corasaniti, Subscription Publication, 13.56M) reports that “as both the prosecution and the defense presented their opening statements in the federal corruption case against” Menendez and Melgen, “they offered little in the way of new evidence or facts,” and instead “debated questions that will be central to the case: What constitutes a permissible friendship with a politician? What represents an official act by a senator? And whom does a senator work for and represent?”

**IN POTENTIAL BOOST FOR DEMOCRATS, GOP REP. REICHERT WON’T SEEK REELECTION.** The [Washington Post](#) (9/6, Weigel, 10.38M) reports that Rep. Dave Reichert (R-WA) on Wednesday announced that he won’t seek reelection next year – a decision that creates “a political opportunity for Democrats.” The Post says Reichert “is one of 23 Republicans who represents a district where voters picked Hillary Clinton for president over Donald Trump.” Writing for [Roll Call](#) (9/6, Gonzales, 134K), Nathan Gonzales said that Reichert’s decision to not seek reelection in the “competitive” WA8 provides “Democrats a prime takeover target.” Gonzales said that Clinton carried the WA8 “48-45 percent in 2016, according to calculations by Daily Kos Elections – but the political environment is unlikely to be neutral with an unpopular Republican president in the White House. Without knowing the party nominees, Democrats should start a 2018 open seat race with an initial advantage. We’re changing the Inside Elections rating of the” contest “from Solid Republican to Tilt Democratic.”

The [AP](#) (9/6, Corte, Daly) reports that Reichert, “a former sheriff known for his work that led to the capture of a serial killer convicted of killing 49 women, has represented” the “suburban district east of Seattle since 2005. It’s one of four Republican-held House seats in a state where Democrats make up the majority of the congressional delegation.” [Politico](#) (9/6, Schneider, 3.6M) reported that Reichert “has frustrated Democrats for more than a decade by holding on to the central Washington seat, even as Democratic presidential candidates continued to win the district.” [The Hill](#) (9/6, Wilson, 1.68M) reported, “A senior Republican strategist who had been aware of Reichert’s plans to retire said state Sen. Dino Rossi (R) was considering mounting a bid. Rossi, serving out an appointment to an open state Senate seat through November, narrowly lost two gubernatorial bids in 2004 and 2008.”

**GOP REP. MURPHY ADMITS TO EXTRAMARITAL AFFAIR.** The [Pittsburgh Post-Gazette](#) (9/6, Ward, 516K) reports that Rep. Tim Murphy (R-PA) “publicly admitted Wednesday to having an extramarital affair with a personal friend, issuing a statement about the relationship hours after the Pittsburgh Post-Gazette prevailed in a court motion to unseal a divorce action.” The congressman “is not a party to the divorce,” but “the husband in the case, Jesse Sally, a sports medicine physician, sought in July to depose” Murphy “as part of his divorce from Shannon Edwards, a forensic psychologist.” In a statement, Murphy said, “Last year I became involved in an affair with a personal friend. This is nobody’s fault but my own, and I offer no excuses. To the extent that there should be any blame in this matter, it falls solely upon me.”

Drawing from the Post-Gazette story, the [Washington Examiner](#) (9/6, Correll, 465K) reports, “Murphy and Edwards met when Edwards contacted Murphy’s office to assist with a mental health bill, which was signed into law in December. Edwards said her relationship with Murphy was only friendly at first and they worked very hard to pass legislation to help her clients. Edwards said her relationship with Murphy has ended.”

**KOCHS-BACKED GROUP TAKES AIM AT NORTHAM IN NEW AD.** The [Washington Post](#) (9/6, Nirappil, 10.38M) reports that the Koch brothers-backed group Americans for Prosperity (AFP) is wading into this fall’s race to succeed term-limited Virginia Gov. Terry McAuliffe (D), taking aim at Lt. Gov. Ralph Northam (D) “as part of a multi-million dollar campaign.” An ad set to begin airing today attacks Northam “for missing board meetings of the Virginia Economic Development Partnership.” The Post says, “In 2014, while Northam served on its board of directors, the agency approved a \$1.4 million state grant to a Chinese firm that promised to open a factory in Appomattox County but never did. The money was never returned to the state.” AFP spokesman Levi Russell “said the ad buy ranges from \$1 million to \$2 million, and will run for two weeks.” Northam is battling ex-RNC chief Ed Gillespie (R) in the general election.

**Obama-Supported Redistricting Group Donates \$500K To Help Boost Northam.** In another report, the [Washington Post](#) (9/6, Nirappil, 10.38M) says, “A Democratic group backed by former President Barack Obama recently made its first campaign donation: \$500,000 to the Democratic Party of Virginia to help” boost the bid of Northam. The donation “from the National Democratic Redistricting Committee (NDRC) is part of its mission to end Republican advantages in congressional and legislative redistricting after the 2020 US Census. The group, formed in January and led by former Attorney General Eric H. Holder Jr., aims to elect more Democrats to statehouses and governor’s mansions so they can expand their influence when it comes to redrawing districts.”

**Gillespie Outlines Plan To Reform State’s Criminal Justice System.** In a third article, the [Washington Post](#) (9/6, Schneider, 10.38M) reports that Gillespie on Wednesday “called for criminal justice reform that goes beyond what the GOP-controlled state legislature has so far been willing to embrace, including raising the state’s felony threshold to \$500 from \$200 and softening marijuana enforcement. Speaking at a black-owned barbershop and surrounded by a number of local pastors and social workers who deal with people returning to the community from prison, Gillespie said he wants a system that is ‘just, fair and redeeming. I believe in redemption.’ Gillespie also cast his proposals in economic terms, pointing out that the state spends more than \$1 billion a year on incarceration.”

The [Washington Times](#) (9/6, McLaughlin, 541K) reports, “Breaking with the tough-on-crime stance that defined Virginia Republicans for decades...Gillespie laid out a plan Wednesday to try to keep drug users from ending up incarcerated. Dubbed ‘three strikes and you’re in,’ Mr. Gillespie’s proposal would keep marijuana users from having to serve jail time until their third convictions for possession.” The Times adds, “On the policy spectrum, the push moves Mr. Gillespie closer to the calls for decriminalizing pot that [Northam] has embraced and away from the hard-nosed approach to crime traditionally espoused by Republican leaders.”

**DAYS AFTER PRITZKER DONATED \$100K TO BLAGOJEVICH CAMP, HOLOCAUST MUSEUM GOT \$1M GRANT.** The [Chicago Tribune](#) (9/6, Heinzmann, Lighty, 1.98M) reported that in October of 2006, billionaire investor J.B. Pritzker (D), who is now seeking to take on Illinois Gov. Bruce Rauner (R) in next year’s election, “was raising money to build a Holocaust museum in north suburban Chicago.” At the same time, then-Gov. Rod Blagojevich (D) “was raising money for his re-election campaign. ... On Oct. 27, Pritzker and his wife gave \$100,000 in campaign contributions to Friends of Blagojevich.” On Oct. 31 – “a week before the election – Blagojevich announced he was giving a \$1 million state grant to support construction of the Illinois Holocaust Museum and Education Center in Skokie. Pritzker was the museum’s chief fundraiser. Asked Tuesday whether there was any connection between the \$100,000 campaign contribution and the state grant, Pritzker said he didn’t ‘recall specifically’ either the contribution or the grant.”

**Democrat Biss Drops Running Mate Over Stance On Israel.** The [Chicago Tribune](#) (9/6, Pearson, 1.98M) reports that state Sen. Daniel Biss (D-IL) on Wednesday announced “he has dropped his running



mate of less than a week over differences involving Israel's future. The decision represents a major embarrassment for Biss," raising "questions about his first major decision as a statewide candidate, as well as the vetting process he used to select Northwest Side Ald. Carlos Ramirez-Rosa as his" running mate. Biss "said issues related to Israel were 'deeply personal' to him with an 'Israeli mother, grandparents who survived the Holocaust and great-grandparents who did not survive' and that the position Ramirez-Rosa took had changed since being interviewed for the running mate slot." Biss "said that while he supported a two-state solution involving Israel's right to exist and 'political and economic freedom for Palestinians,' Ramirez-Rosa has moved in favor of the 'Boycott, Divestment and Sanctions movement' that Biss said 'moves us further away from a peaceful solution' in the Middle East."

The [Chicago Sun-Times](#) (9/6, Sfondeles, 742K) reports, "At issue are comments Ramirez-Rosa made last year about US divestment from Israel," in which the Democrat "said the US government 'has subsidized the oppression of the Palestinian people, and it's time that stopped.' 'I have not heard much discussion about the relationship of the US with Israel, with divesting from Israel to support the people of Palestine. Not a lot of that was discussed this weekend. And I think that's a conversation it needs to be had,' Ramirez-Rosa said."

Under the headline "Battle For Bernie Voters Backfires In Illinois," [Politico](#) (9/6, Korecki, 3.6M) reported that Biss' selection of "a far left running mate who was a proud member of the Democratic Socialists of America" was "designed to lure Bernie Sanders voters in a competitive Democratic governor's primary." And while Biss' "decision to drop Rosa might serve to allay some consternation in the Jewish community, it appeared to anger a major pro-Sanders group representing Illinois. 'Today, we are disappointed and shocked to learn that Sen. Biss has chosen to drop Ald. Ramirez-Rosa from the ticket,' said a statement from Our Revolution, the senator's outside political arm."

**DEMOCRATIC-ALIGNED SUPER PAC AIMS TO HELP PARTY WIN BACK STATEHOUSES.** [Politico](#) (9/6, Debenedetti, 3.6M) reported, "Aiming to play a similar role as Senate Majority PAC does for Senate races and House Majority PAC does for House races, Forward Majority" – a Democrat-aligned super PAC – "is launching this week as a vehicle for winning back state legislatures ahead of the next round of redistricting in 2021. Led by a group of Barack Obama campaign alums and veterans of Democratic politics and the business world, the organization is kicking off with a \$1 million prototype effort to play in races for Virginia's House of Delegates this year. It's aiming to raise up to \$100 million to win back legislative bodies in 12 states over the next four years." Politico added, "Democrats have lost roughly 1,000 legislative seats and 27 chambers since 2008."

The [Washington Times](#) (9/6, McLaughlin, 541K) reports that leaders of the super PAC say "the push in Virginia is part of a broader effort aimed at taking over as many as eight legislative chambers in 2018 and as many as eight more in 2020 – putting Democrats in a stronger position the following year when it is time to update legislative and congressional maps."

**CHARGE DROPPED AGAINST WEST VIRGINIA REPORTER WHO QUESTIONED PRICE.** The [New York Times](#) (9/6, B2, Stevens, Subscription Publication, 13.56M) reports that Dan Heyman, a West Virginia reporter "who was arrested four months ago after he aggressively questioned Tom Price, the secretary of the Department of Health and Human Services, will not be prosecuted, officials announced Wednesday." The May 9 arrest of Heyman "had stoked concerns about possible efforts to stymie the free press." The Times adds that "in a joint statement released by the Kanawha County prosecutor's office and Mr. Heyman's legal team said that the State had determined 'after a careful review' that Mr. Heyman had not acted unlawfully." Heyman had been charged with a misdemeanor count of willful disruption of governmental processes. Heyman, a reporter for the Public News Service, "has maintained that he was simply asking questions of a federal official as that official walked through the West Virginia State Capitol."

**HOUSE UNANIMOUSLY PASSES SWEEPING SELF-DRIVING CAR LEGISLATION.** [Reuters](#) (9/6, Shepardson) reports that the House of Representatives on Wednesday unanimously passed a "sweeping proposal" to expedite the deployment of self-driving cars and prevent states from rejecting the vehicles in legislation that "would allow automakers to obtain exemptions to deploy up to 25,000 vehicles without

meeting existing auto safety standards in the first year, a cap that would rise to 100,000 vehicles annually over three years.” A bipartisan group in the Senate has been composing a similar bill that could begin to circulate this week.

The [New York Times](#) (9/6, Kang, Subscription Publication, 13.56M) reports that the House vote “sets the stage for a battle between safety advocates and companies that make driverless vehicles.” Automakers tout self-driving cars’ ability to reduce traffic fatalities and spur economic growth, but safety advocates say autonomous vehicle are not ready for wide distribution.

**BANNON GIVES “60 MINUTES” INTERVIEW.** [Breitbart](#) (9/6, Fleurette, 2.42M) reports that Breitbart News Executive Chairman Steve Bannon hosted CBS’s Charlie Rose at Breitbart’s famed “Embassy” headquarters near Capitol Hill to film a segment for Sunday’s episode of “60 minutes.” The visit included an extended interview with Bannon – his first television interview since his departure from the White House – in which Bannon “offered a full-throated defense of the president and his economic nationalist agenda,” according to one source. 60 Minutes plans to use the footage in two separate segments for their Sunday show.

**FEDERAL JUDGE HALTS REMOVAL OF ROBERT E. LEE STATUE IN DALLAS.** The [New York Times](#) (9/6, Stack, Subscription Publication, 13.56M) reports that the Texas US District Court Judge Sidney Fitzwater granted a temporary restraining order on Wednesday halting the removal of a statue of Robert E. Lee from a Dallas public park after the city voted earlier Wednesday for its immediate removal. The city had “planned to put the statue, which shows the Confederate general riding on horseback alongside an unidentified soldier, in temporary storage.”

**NATIONAL CATHEDRAL TO REMOVE WINDOWS DEPICTING CONFEDERATE GENERALS.** The [New York Times](#) (9/6, Cochrane, Subscription Publication, 13.56M) reports that church leaders at Washington National Cathedral voted Tuesday night in an “overwhelming majority” to removed two stained-glass windows “that pay tribute to the Confederate generals Robert E. Lee and Stonewall Jackson,” concluding that the windows “tell an incomplete and misleading account of our history.”

**LEGAL FIGHT ENSUES OVER KENTUCKY’S LAST ABORTION CLINIC.** The [Los Angeles Times](#) (9/6, Zavis, 4.49M) reports on the legal battle between Dr. Ernest Marshall – a Kentucky doctor who has performed abortions in the state for 37 years – and the government of Gov. Matt Bevin, who is seeking to close the state’s last abortion clinic. State regulators have tried to close the clinic on grounds that the facility lacks the appropriate licensing requirements, but the clinic “has countered with a federal lawsuit arguing that the requirements lack any medical justification and place an unconstitutional barrier before women seeking abortions.” The case went to trial Wednesday with hearings expected to last three days.

**PERRIELLO CALLS FOR VIRGINIA TO CREATE A “TRUTH AND RECONCILIATION COMMISSION ON RACE.”** In a [Washington Post](#) (9/6, 10.38M) op-ed, ex-Rep. Tom Perriello (D-VA), a failed 2017 Virginia gubernatorial candidate, writes, “In the 19th century, emancipation and Reconstruction sparked lynchings and the Ku Klux Klan. In the early 20th, the emergence of a black middle class and an influx of immigration sparked Lost Cause Confederate revisionism, eugenics-based immigration quotas and the firing of African Americans from the federal workforce. In our own time, the election of our first black president unleashed a wave of white supremacy, including in my home town of Charlottesville. ... It is time we break this cycle. Virginia should establish a statewide Truth and Reconciliation Commission on race that could bend this endless loop of progress and backlash into an arc of justice.”

**COMPETITIVE ENTERPRISE INSTITUTE ATTORNEY: CONGRESS SHOULD END CFPB NEW ARBITRATION RULE.** In an [Wall Street Journal](#) (9/6, Subscription Publication, 6.45M) op-ed, Competitive Enterprise Institute attorney Ted Frank writes that the Consumer Financial Protection Bureau issued a rule in July preventing financial institutions from including arbitration clauses in their contracts – meaning customers would need to go through class-action lawsuits that cost consumers billions. Frank argues that this rule mainly benefits trial lawyers and that Congress should vote to repeal this CFPB regulation, which it has power to do under the Congressional Review Act of 1996.



**WPOST: HOGAN'S OPPOSITION TO METRO FUNDING "INEXCUSABLE."** In an editorial, the [Washington Post](#) (9/6, 10.38M) writes that Maryland Gov. Larry Hogan's opposition to provide any further funding for the DC Metro – citing relatively high cost and low ridership – overlooks Montgomery County's importance to Maryland as an economic hub and as a county reliant on functioning transit. The Post argues that Hogan's refusal of funds is "an inexcusable abdication of leadership" and threatens the "region itself."

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**To:** Moos, Bob (CMS/CQISCO)  
**Subject:** CMS REGION 6 STATE, REGIONAL AND NATIONAL NEWS FOR THURSDAY, SEPT. 21, 2017

## **CMS REGION 6 STATE, REGIONAL AND NATIONAL NEWS FOR THURSDAY, SEPT. 21, 2017**

### **STATE AND REGIONAL NEWS**

#### **SECRETARY PRICE LOOKS TO STRENGTHEN HHS, TRIBAL GOVERNMENT RELATIONSHIPS.**

The [Tulsa World](#) (9/20, Krehbiel-Burton, 320K) reports Secretary of Health and Human Services Tom Price visited Cherokee Nation's Jack Brown Treatment Center in Oklahoma on Wednesday, commenting, "The work you're doing here isn't just a model for Indian Country but for the entire nation. ... The self-governance system here at Cherokee Nation is one of remarkable expanse and capability." The facility "serves up to 20 Native American teenagers at a time, using a combination of modern medicine and traditional Cherokee activities." The CDC reports opioid abuse-related deaths among Native Americans has increased by almost four times since 2009.

[KJRH-TV](#) Tulsa, OK (9/20, 12K) reported that Price hopes to "strengthen relationships between HHS and tribal governments" during the trip. [KOTV-TV](#) Tulsa, OK (9/20, 48K) reports Cherokee Nation Principal Chief John Baker and Secretary Price are in Tahlequah to talk about opioid addiction and overdose. The Chief "says the Cherokee nation is suing the largest drug distributors in the country that sell opioids." Secretary Price "praised the tribe's health care system" – specifically the Jack Brow Treatment Center for Native Youth. The facility "is one of 12 of it's kind in the country – providing comprehensive treatment for young people in native communities."

**LOUISIANA STAKEHOLDERS OPPOSE THEIR SENIOR SENATOR'S HEALTHCARE PLAN.** The [New Orleans Times-Picayune](#) (9/20, O'Donoghue, 710K) reports that Louisiana organizations representing hospitals, health clinics, and retired people have issued statements in opposition to Sen. Bill Cassidy's (R-LA) healthcare legislation. In addition to national groups such as the American Medical Association, local groups, including the Louisiana Hospital Association, Louisiana Primary Care Association, and the national and local branches of the AARP oppose the plan. The Times-Picayune reports that the Louisiana Hospital Association's statement "caught other health care advocates in Louisiana by surprise" because the group "typically takes a conservative approach to public statements" and people were not expecting it to say "they didn't like the proposal of Louisiana's senior senator."

**DALLAS NAVIGATOR RELIEVED AFTER SMALLER-THAN-EXPECTED FUNDING CUT.** The [Dallas Morning News](#) (9/20, Rice, 984K) reports that a North Texas nonprofit that helps customers enroll in health insurance plans, the Community Council of Greater Dallas (CCGD), "is breathing a sigh of relief this week" since it learned that its funding will be cut by only 14 percent by the US Department of Health and Human Services. The Centers for Medicare and Medicaid Services slashed budgets for navigators 41 percent nationally. CCGD's Director of Community Health Services Daniel Bouton said, "I feel a lot better now than I did last week."

**NEW MEXICO GOVERNOR NOT IN FAVOR OF GRAHAM-CASSIDY BILL.** The [Albuquerque Journal](#) (9/20, Boyd, 217K) reports New Mexico Gov. Susana Martinez (R) announced that she is not in favor of the Graham-Cassidy healthcare reform bill. Martinez's spokesman Joseph Cueto said that "the governor is concerned this bill could hurt New Mexico and still needs some work." Cueto added, "She believes we



need a bipartisan approach that focuses on the insurance market to make health care affordable.”

[The Hill](#) (9/20, Shelbourne, 1.68M)also covers the story.

## **TEXAS LAW SEEKS TO PROVIDE CLARITY FOR SURPRISE BILLS FROM FREESTANDING ERS.**

The [Texas Tribune](#) (9/21, Najmabadi, 13K) reports a new state law that took effect September 1 aims to prevent freestanding emergency rooms from sending patients “surprise” bills by requiring them to post insurance information on their websites and provide information to patients. The facilities, which frequently are not included in insurance networks, have become the subject of criticism from patients who allege they charge as much as ten times the cost for medical services than do in-network providers.

## **NATIONAL NEWS**

### **LEADING THE NEWS:**

- + [McConnell To Bring ACA Repeal Bill To Senate Floor Next Week.](#)
- + [Cassidy Defends ACA Repeal Bill Against Kimmel’s Accusations.](#)

### **THE SECRETARY IN THE NEWS:**

- + [HHS Secretary Facing Criticism For Use Of Private Jets.](#)
- + [Secretary Price Looks To Strengthen HHS, Tribal Government Relationships.](#)
- + [Trump: Secretary Price Will Travel To Africa To Promote Health Security Agenda.](#)
- + [Minnesota Governor Expresses Growing Frustration With HHS Over Delayed Waiver Approval.](#)
- + [Arizona Governor Endorses ACA Repeal After Phone Call With Trump.](#)
- + [Minnesota Officials Seek Clarity From Feds Over Premium Plan and MinnesotaCare Funding.](#)
- + [CMS Requests Input On “New Direction” For Innovation Center.](#)

### **HHS IN THE NEWS:**

- + [GOP Leadership, Trump Administration, Sponsors Working To Ensure Passage Of Latest ACA Repeal Bill.](#)
- + [CDC Issues Storm Recovery Guidance.](#)
- + [China Ramps Up Efforts To Pass US In Human Gene Research.](#)
- + [NIH Director Francis Collins Discusses “All Of Us” Research Project.](#)
- + [NIH Director Dr. Francis Collins Discusses Precision Medicine Initiatives.](#)
- + [NIH Director Dr. Francis Collins Calls For “Better Ways” To Treat Opioid Addiction.](#)
- + [NIH Leadership To Meet With Prominent British Scientists.](#)
- + [Federal Agencies Launch \\$81 Million Research Project To Develop Non-Drug Pain Management For Veterans.](#)
- + [Trispecific Antibody Tested In Monkeys Could Lead To New Treatment For HIV.](#)
- + [New Genetically Engineered Antibody Fully Protects Against Monkey HIV, Study Suggests.](#)
- + [Researchers Seek To Improve Flu Vaccine.](#)
- + [Commentary Calls On Surgeon General To Take Steps To Counter Predecessor’s Record On E-Cigarettes.](#)
- + [FDA Issues Warning On Dangers Of Mixing Opioid Addiction Medications, Other Treatments.](#)
- + [FDA Investigator Says Expired Medications Shipped By NECC Were Decades Old.](#)
- + [Op-Ed: Legislation To Improve FDA Also Benefits North Carolina.](#)

### **HEALTH REFORM:**

- + [Trump Urges GOP Senators To Back Latest ACA Repeal Bill.](#)
- + [Trump Says Two Or Three Votes Are Still Needed For Latest ACA Repeal Bill.](#)
- + [Trump Criticizes Rand Paul For Being “Negative Force” On Healthcare.](#)
- + [Rand Paul Refuses To Support ACA Repeal Bill Despite Strong Criticism From Colleagues.](#)
- + [Obama: ACA Repeal Would Cause “Real Human Suffering.”](#)
- + [Experts Warn ACA Repeal Bill May Erode Protections For People With Pre-Existing Conditions.](#)
- + [Ryan Says House Will Take Up ACA Repeal Bill If Senate Passes It.](#)



- + [Pelosi Says House Has “Really Good Chance” Of Defeating ACA Repeal Bill If Senate Passes It.](#)
- + [Murkowski Garnering A Lot Attention About How She Will Vote On ACA Repeal Bill.](#)
- + [Red States Expected To Benefit Disproportionately From Latest ACA Repeal Bill.](#)
- + [Most States Would Lose Federal Funding Under Latest ACA Repeal Bill, Study Indicates.](#)
- + [New ACA Repeal Bill Expected To Provide More Flexibility For States, But Increase Uncertainty For Millions Of Consumers.](#)
- + [ACA Repeal Bill Would Reportedly Begin Restricting Abortion Coverage In 2018.](#)
- + [Christie Expresses Opposition To Latest ACA Repeal Bill.](#)
- + [Collins Laments Failure Of Bipartisan Effort To Stabilize ACA Marketplaces.](#)
- + [Grassley Says Senate GOP Has “Responsibility” To Pass ACA Repeal Bill.](#)
- + [Analysis: Sen. Cassidy Earns Three Pinocchios For Claim That More Will Have Coverage.](#)
- + [Healthcare Advocates Boo Latest ACA Repeal Bill During Event In Maryland.](#)
- + [State Regulators Approving Large Premium Hikes In The Face Of Uncertainty About ACA.](#)
- + [Senate Republicans Accused Of Ignoring Significant Concerns In Order To Support Latest ACA Repeal Bill.](#)
- + [Graham Credits Bernie Sanders For Revitalizing GOP’s ACA Repeal Efforts.](#)
- + [Conservative Activist Group Offers Lukewarm Endorsement Of GOP’s Latest ACA Repeal Bill.](#)
- + [Forty-Nine Percent Of Voters Support Single-Payer Health Care, Poll Suggests.](#)
- + [Insurers Join Healthcare Groups In Opposing Latest ACA Repeal Bill.](#)
- + [New Jersey Hospitals Oppose GOP’s Last-Ditch ACA Repeal.](#)
- + [Shumlin Supports Federal Single-Payer, But Warns States To Learn From His Failed Vermont Effort.](#)
- + [Previous HHS Research Contradicts Trump Administration’s Claim That ACA Advertising Is Ineffective.](#)
- + [Tennessee Governor Endorses Graham-Cassidy Bill Despite Hospitals’ Opposition.](#)
- + [Iowa Governor Supports Graham-Cassidy Bill.](#)
- + [Nebraska Senator Says Graham-Cassidy’s State-Based Healthcare Model Is “Worth Exploring.”](#)
- + [ACA Repeal Push Could Jeopardize Health Program Funding For Children, Low-Income Communities.](#)
- + [Uncertainty Pervades Western Pennsylvania Healthcare Market As Enrollment Period Nears.](#)
- + [Former Senator Santorum’s Stop In A Barbershop Led To Graham-Cassidy.](#)
- + [Tennessee Officials Approve 2018 ACA Premium Requests.](#)
- + [South Dakota Insurance Premium Increases Add Fuel To ACA Repeal Debate.](#)
- + [Virginia Republican “Flip-Flops” On GOP Healthcare Bill.](#)
- + [Healthcare Providers, Insurers Line Up Against Graham-Cassidy Bill.](#)
- + [Kaiser Permanente CEO Slams Graham-Cassidy Bill.](#)
- + [Analysis: Republicans “Tweak” Sen. Sanders Over Healthcare, Open A Path For Their Bill.](#)
- + [Kansas Senator Jerry Moran Remains Undecided On ACA Repeal Legislation.](#)
- + [Sen. Duckworth In Favor Of Bipartisan Fix To ACA.](#)
- + [Nebraska, Iowa Republicans Likely Yes Votes On GOP’s Hail Mary Effort To Replace ACA.](#)
- + [New York Would Lose \\$45 Billion Under Senate Healthcare Bill, Study Says.](#)
- + [Independent Analyses Predict Republicans’ Healthcare Bill Would Leave Millions More Uninsured.](#)
- + [West Virginia Senators: Manchin Opposes Latest ACA Replacement, Capito Still Reviewing.](#)
- + [GOP Senators Cite Pressure From Voters In Drive To Overhaul ACA.](#)
- + [Senator Graham Overheard Leaning On Colleague To Vote For GOP Bill.](#)
- + [Liberal Activists Mobilized Ahead Of Senate Vote On ACA Repeal.](#)
- + [Maine Sen. Angus King Says The Senate Is “Flying Blind” Without CBO Score On Healthcare Bill.](#)
- + [Sen. Blumenthal Calls GOP’s Healthcare Bill “Outrageous.”](#)
- + [Commentary Considers Health Reform.](#)

#### **OPIOID NEWS:**

- + [Opioid Epidemic Leading To Increase In Number Of Infants, Toddlers Consuming Opioids.](#)
- + [Drug Bust, Study Illustrate Severity Of Opioid Crisis’ Toll On US Health, Life Expectancy.](#)
- + [DuPage County, Illinois To Receive \\$390,000 To Fight Opioid Epidemic.](#)
- + [Opioid Epidemic Forcing Employers To Institute Policies To Respond To Employees With Addictions.](#)
- + [Opinion: Some Exploiting ACA To Profit From Opioid Epidemic.](#)
- + [Forty-One States Investigating Pharma Companies, Distributors Over Opioid Crisis.](#)
- + [Advocates Tell Kentucky Legislators Opioid Crisis Has Catastrophic Impact.](#)
- + [CVS Vows To Limit Opioid Prescriptions Under Pressure To Address Epidemic.](#)



#### HEALTHCARE NEWS:

- + [States Facing Shortfall Of \\$645 Billion For Promised Retiree Health Benefits.](#)
- + [Healthcare Is A Top Concern For Millennials, Survey Says.](#)
- + [Protesters Implore Sen. Casey To Cut Funding For Planned Parenthood.](#)

#### HUMAN SERVICES NEWS:

- + [Trump To Consider Lowering Number Of Refugees Allowed Into US Next Year.](#)

#### FOOD & IMPORT SAFETY:

- + [Death Wish Coffee Issues Recall For Nitrogen-Infused Product Due To Botulism Risk.](#)

#### MEDICARE:

- + [PAMA Could Threaten Patient Access To Lifesaving Treatments.](#)

#### MEDICAID & CHIP:

- + [Utah State Lawmaker Touts Bill Enhancing Medicaid Coverage Of IUDs.](#)

#### HEALTH & MEDICAL NEWS:

- + [Researchers Use CRISPR To Remove Gene Needed For Human Development.](#)
- + [Yoga May Help Improve Sleep In Patients With Cancer, Study Suggests.](#)
- + [Big Donation Promoting Alternative Therapies At California Medical School Causes Stir.](#)
- + [Prosecutors Becoming "Increasingly Aggressive" On Prescription Fraud.](#)
- + [Advocacy Groups Fail To Get Most Coveted Trial Data On Gilead Hepatitis C Drugs.](#)
- + [Alnylam Pharmaceuticals' RNAi Drug Patisirán Succeeds In Phase 3 Study To Treat Rare Genetic Disease.](#)
- + [Pfizer Files Lawsuit Claiming J&J Engaged In Anticompetitive Practices To Protect RA Drug Infliximab.](#)
- + [Radavirsen Passes Safety Clinical Trial, Study Suggests.](#)
- + [Sexual Harassment In Scientific Community Drawing Greater Attention.](#)
- + [Modified Polio Virus Effective Against Brain Tumors, Research Suggests.](#)
- + [American Heart Association CEO Voices Support For Push To Give Movies With Smoking "R" Ratings.](#)
- + [CVS To Grant \\$1.2M To 126 Colleges To Help Ban Smoking On Campus.](#)
- + [E-Cigarettes May Increase Adrenaline In The Heart, Study Suggests.](#)
- + [Benefits Of Roux-En-Y Gastric Bypass Found To Persist For 12 Years In Most Patients.](#)
- + [Egg Freezing May Not Delay Start Of Chemo For Women With Breast Cancer, Study Suggests.](#)
- + [Officials Confirm Pigs At Maryland County Fair Carry Swine Flu.](#)
- + [Some Hepatitis Strains Remain Unaddressed Despite Spread Of Virus.](#)
- + [San Diego Officials Preparing For What They Believe May Be Prolonged Hepatitis Outbreak.](#)
- + [Flint Water Crisis Impacted Michigan Women's Pregnancies, Study Suggests.](#)
- + [Florida Agency Suspends License Of Nursing Home Where Residents Died In Irma Aftermath.](#)
- + [Residents Who Died At Florida Nursing Home Had Temperatures Reaching 109.9.](#)
- + [Florida Agency Finds Nursing Home Where Residents Died Failed To Accurately Record Vital Signs.](#)
- + [Rigid Gender Norms Can Be Established In Children By Age 10 Or 11, Study Finds.](#)
- + [Ohio House Votes To Exempt Sales Of Prescription Eyewear From State And Local Taxes.](#)
- + [Religion, Spirituality Can Help People Cope With Major Life Stressors, Including Serious Mental Illness, APA Says.](#)
- + [AD/HD May Itself Be A Sleep Disorder, Researchers Posit.](#)
- + [Doctor Offers Praise For Palliative Care.](#)
- + [Health Insurers Denying Coverage To Many Illinois Residents For Certain Mental Health Services, Addiction Treatments.](#)

#### NATIONAL NEWS:

- + [Sources: Trump "Leaning Against" Re-Certifying Iran Deal.](#)
- + [Carson: Harvey, Irma Recoveries Will Take "Years."](#)
- + [Ryan Expects More Hurricane Aid To Be Approved In October.](#)
- + [All Of Puerto Rico Without Power As Hurricane Maria Makes Landfall.](#)



- + [Sewer Systems Unable To Handle Hurricanes' Rain, Flooding.](#)
- + [Hundreds Seek Aid At East Naples Recovery Assistance Center.](#)
- + [Brown Calls For National System Of First Responder Caches.](#)
- + [Media Analyses: Mueller's Latest Steps Indicate Trump Himself Under Scrutiny.](#)
- + [Judge Moves Toward Granting US Request For Information On Inaugural Protest Website.](#)
- + [Bharara Says Trump Would Have Asked Him To Do "Something Inappropriate."](#)
- + [Trump To Award Medal Of Honor To Army Medic For Valor In Laos.](#)
- + [EPA Pulls Agents Off Investigations To Provide Security For Pruitt.](#)
- + [Fourteen States Say They Will Meet Paris Agreement Goals Without Trump.](#)
- + [Fed Leaves Rates Unchanged, Says It Will Reduce Its Bond Holdings.](#)
- + [Government Workers To Appeal Judge's Ruling On OPM Data Breach Lawsuit.](#)
- + [SEC Says Its Computer System Was Hacked Last Year.](#)
- + [NYTimes Analysis: Facebook, Google Facing Increased Resistance From Washington.](#)
- + [Poll: Moore Leads Strange 53%-47% In GOP Primary Runoff.](#)
- + [Pence Slated To Hold Fundraising Event In Milwaukee On September 28.](#)
- + [CHC PAC "Spending Big On Resorts, Restaurants, And Nightclubs" In Las Vegas.](#)
- + [Prosecutors Allege Menendez "Concealed Gifts" He Received From Melgen.](#)
- + ["Three Muslim Women" Called Virginia Police On Ex-Wasserman Schulz IT Aide.](#)
- + [Majority Of Californians Have Considered Moving Because Of Costly Housing.](#)
- + [FiveThirtyEight Analysis: Trump Looms Over Flake-Ward Primary Clash.](#)
- + [Poll Shows Stabenow Leading Kid Rock 52%-34% In Hypothetical Matchup.](#)
- + [Corker Will Face Primary Challenge If He Seeks Reelection.](#)
- + [Justice Indicates He'll Support Manchin's Reelection Bid.](#)
- + [Poll: Kaine Leads Stewart 53%-36% In Virginia Senate Race.](#)
- + [Christie Labels Murphy A "Coward" Over Arbitration Cap Issue.](#)
- + [Lummis' Decision Not To Run Throws Wyoming Governor's Race "Wide Open."](#)
- + [Los Angeles Officials Prepare For Potential Big Earthquake.](#)
- + ["Hundreds Of Non-Citizens" Registered To Vote In Philadelphia Over Past 10 Years.](#)
- + [Prosecutors: Weiner Deserves Jail Time.](#)
- + [Poll: Greater "2016 Election Buyers' Remorse" Among Clinton Voters Than Trump Voters.](#)
- + [Court To Hear Appeal In Request For Clinton Draft Whitewater Indictment Records.](#)
- + [Leaked Footage Shows MSNBC's O'Donnell Screaming At Staff.](#)
- + [Daines: Allow Forest Management Needed To Stop Forest Fires.](#)
- + [Will: National Conversation Empowering "Demagogues."](#)
- + [WPost: DC Making Progress Toward Better Youth Rehabilitation.](#)

## **Leading the News:**

**MCCONNELL TO BRING ACA REPEAL BILL TO SENATE FLOOR NEXT WEEK.** [NBC Nightly News](#) (9/20, story 7, 2:10, Holt, 16.61M) reported, "We're back with a new battle heating up in the healthcare wars, the latest attempt by Republicans to repeal Obamacare. They plan to put their new bill to a vote next week, and already it is highly controversial."

The [Washington Post](#) (9/20, Sullivan, 10.38M) reports Senate Majority Leader Mitch McConnell (R-KY) "plans to bring a bill to undo the Affordable Care Act to the Senate floor next week, a McConnell spokesman said Wednesday."

[Politico](#) (9/20, Everett, 3.6M) reports that McConnell will schedule a vote for next week in hopes that the measure will be passed before the September 30 deadline, after which Republicans will need more than 50 votes to pass the measure. A spokesperson said it is McConnell's "intention to consider Graham/Cassidy on the floor next week." The article adds that McConnell informed "colleagues he will only bring up the bill if it will succeed," which means he may change his mind if that outcome is in doubt.

The [Washington Times](#) (9/20, Howell, 541K) reports that some GOP lawmakers "are cool to the plan, which would pool Obamacare money that currently subsidizes coverage for many who buy insurance on



the exchanges and money going to expand Medicaid rolls, and siphon it all to the states as block grants.” Beginning in 2020, states would determine how to allocate the funds.

The [Washington Examiner](#) (9/20, Weaver, 465K) reports that the bill, which was put forward by Sens. Lindsey Graham (R-SC) and Bill Cassidy (R-LA), “is the latest last-ditch effort by the Senate GOP to repeal” the ACA.

Also covering the story are the [CBS Evening News](#) (9/20, story 4, 2:05, Mason, 11.17M), [ABC News](#) (9/20, McGraw, 2.83M), the [New York Daily News](#) (9/20, Silverstein, 3.61M), and [Roll Call](#) (9/20, McIntire, 134K).

**CASSIDY DEFENDS ACA REPEAL BILL AGAINST KIMMEL’S ACCUSATIONS.** The [New York Times](#) (9/20, Rogers, Subscription Publication, 13.56M) reports, “Hours after Jimmy Kimmel unleashed a monologue attacking” the ACA repeal bill put forward by Sens. Lindsey Graham (R-SC) and Bill Cassidy (R-LA), the two senators “spent Wednesday morning defending the legislation against the late-night host, who in recent months has become an unlikely – and increasingly impassioned – critic.” Kimmel “delivered an earnest monologue on Tuesday evening,” accusing Cassidy “of failing to deliver on several key issues, including lowering premiums, expanding coverage, banning lifetime caps and not discriminating based on pre-existing conditions.” Cassidy told Fox News that “Kimmel did not fully grasp the bill.”

The [Los Angeles Times](#) (9/20, Hill, 4.49M) reports, “The war of words between late-night host Jimmy Kimmel and Louisiana Sen. Bill Cassidy escalated Wednesday morning” as Cassidy “defended himself against accusations of lying about his position on healthcare reform.” Cassidy said during a CNN interview, “I’m sorry he does not understand,” responding to Kimmel’s Tuesday night allegations that “the senator had lied to his face about his healthcare priorities.” Cassidy insisted that under his bill, “more people will have coverage and individuals with pre-existing conditions will remain protected.”

[Politico](#) (9/20, Nelson, 3.6M) reports that in May, Cassidy appeared on Kimmel’s show, and he proposed “a ‘Jimmy Kimmel test’ for any healthcare reform, a response to an emotional monologue that the late night host delivered about his son, who had surgery for a rare heart condition shortly after his birth.” On Wednesday night, Kimmel accused Cassidy of lying because his ACA repeal bill “failed the ‘Jimmy Kimmel test’ he had laid out months earlier.”

[Reuters](#) (9/20, Heavey, Cornwell) reports that Kimmel’s criticism “detoured” Republicans’ latest push to repeal the ACA. The article says Cassidy defended the legislation, “which would divvy up healthcare money as block grants to states, let them opt out of certain Obamacare consumer protections and waive requirements that insurers cover certain benefits.” In addition, it would end the ACA’s Medicaid expansion.

[The Hill](#) (9/20, Savransky, 1.68M) reports that during an MSNBC interview, Cassidy “fired back at Jimmy Kimmel,” insisting that his bill “passes the ‘Jimmy Kimmel test.’” And during his CNN interview, Cassidy said “we protect those with pre-existing conditions.” He added, “States like Maine, Virginia, Florida, Missouri – there’ll be billions more dollars to provide health insurance coverage for those in those states that have been passed by ObamaCare.” Critics argue, however, that the bill’s “vague standard...offers no real protection” for people with pre-existing conditions.

In a separate article, [The Hill](#) (9/20, Beavers, 1.68M) reports that Sen. Lindsey Graham (R-SC), who co-sponsored the ACA repeal bill, “shot back” at Kimmel “for his ‘unfair’ criticism of Sen. Bill Cassidy (R-La.) and his involvement in the new GOP health care bill.” Graham said, “I bet you he never called Sen. Cassidy and said ‘would you please set this straight?’ I bet he looked at some liberal talking point, bought it hook, line and sinker, and went after Bill Cassidy without talking to him, and I think that’s unfair.”

Also covering the story are the [Huffington Post](#) (9/20, Cohn, 5.74M), the [San Francisco Chronicle](#) (9/21, Lochhead, 3.31M), the [New Orleans Times-Picayune](#) (9/20, Sheehan, 710K), the [Washington Examiner](#) (9/20, Correll, 465K), and another [Washington Examiner](#) (9/20, Kasperowicz, 465K) article.

**Experts Say Kimmel, Not Cassidy, Has “Better Grasp Of Health Policy.”** [Politico](#) (9/20, Diamond, 3.6M) reports, “In the war of words between Jimmy Kimmel and Sen. Bill Cassidy, the late-night host has the better grasp of health policy,” according to healthcare analysts. The article says experts are warning that the latest ACA repeal bill cannot guarantee the protections, such as those for people with pre-existing conditions, which Cassidy had agreed should be included in any health reform bill. Experts also say “Kimmel’s assessment was basically accurate because of the flexibility the bill gives states to set up their own health care systems.”

**Dispute Between Kimmel, Cassidy Highlights Confusion About The Bill’s Impact.** [Bloomberg News](#) (9/20, Dennis, Tracer, 4.52M) reports that the “dispute between TV comedian Jimmy Kimmel and Senate sponsors of a plan to replace Obamacare underscores how little is known about changes the last-ditch proposal would bring to U.S. health care.” The article says the bill “would end the Affordable Care Act’s guarantee that people with pre-existing medical conditions can’t be charged more for insurance – though the measure’s sponsors say they would still be protected.” The piece adds that on Wednesday, America’s Health Insurance Plans declined to support “the bill because its effects on the market would include ‘pulling back on protections for pre-existing conditions.’” Earlier in the week, the American Medical Association and AARP also voiced their opposition to the proposal.

**Cassidy Says Healthcare Debate Shows “Philosophical Differences” Between GOP, Dems.** The [Washington Times](#) (9/20, Persons, 541K) reports that on Wednesday, Sen. Bill Cassidy (R-LA) said “his health insurance replacement plan is a matter of philosophical difference between political parties.” Cassidy explained, “Democrats are more comfortable with the federal government putting an individual mandate penalty on us, coercing us to buy insurance.” In contrast, Republicans believe “we should help those families, not penalize them. It’s just a philosophical divide,” he said.

**Jimmy Kimmel Slams Sen. Cassidy, Trump, “Fox & Friends” Over Healthcare Bill.** The [Washington Post](#) (9/21, Yahr, 10.38M) reports that late-night host Jimmy Kimmel fired back Wednesday at critics of his monologue from the night before addressing Sen. Bill Cassidy (R-LA) and his healthcare legislation. Kimmel’s targets included Cassidy, who claimed that Kimmel “does not understand” the bill. Kimmel chided Cassidy by mentioning that a long list of healthcare organizations also oppose the bill, including the American Medical Association, the American Academy of Pediatrics, the American Hospital Association, the American Cancer Society, and the March of Dimes. Kimmel also slammed President Trump, New Jersey Gov. Chris Christie (R), and “Fox and Friends” host Brian Kilmeade.

## **The Secretary in the News:**

**HHS SECRETARY FACING CRITICISM FOR USE OF PRIVATE JETS.** [USA Today](#) (9/20, Estepa, 8.62M) reports Secretary of Health and Human Services Tom Price is facing criticism for chartering private jets for official travel, after a [report](#) from Politico. For example, Politico reported that Price recently traveled to Maine, New Hampshire, and Pennsylvania, and spent at least \$60,000 on private jets for the trip, which is much more than it would have cost to fly commercially.

The [New York Times](#) (9/21, A18, Thrush, Subscription Publication, 13.56M) reports that HHS Secretary Price “spent tens of thousands of taxpayer dollars to fly on private jets to attend routine public events instead of taking cheaper commercial airliners because he has an ‘incredibly demanding schedule,’ his spokeswoman said Wednesday.” The Times quotes HHS assistant secretary for public affairs Charmaine Yoest as saying in a statement, “With an incredibly demanding schedule full of 13-plus-hour days, every effort is being made to maximize Secretary Price’s ability to travel outside of Washington to meet with the American people.”

On its website, [CNN](#) (9/20, Diaz, Marsh, 33.59M) reports Yoest confirmed that the department paid for the trips. On its website, [CNBC](#) (9/20, Pramuk, 3.48M) reports Yoest also said, “The travel department continues to check every possible source for travel needs including commercial, but commercial travel is not always feasible.”



Renee Marsh said on [CNN's Situation Room](#) (9/20, 1.02M) that "Democratic members of Congress are preparing to call for an inspector general investigation into Price's travel."

[Reuters](#) (9/20, Abutaleb) reports New Jersey Rep. Frank Pallone Jr., the top Democrat on the House Energy and Commerce Committee, said in a statement, "I would remind Secretary Price that taxpayer funds are not meant to be used as a jet-setting slush fund. My colleagues and I will be looking into this further and we will be asking the HHS Office of the Inspector General for a full accounting of Secretary Price's travel."

[The Hill](#) (9/20, Delk, 1.68M) reports Rep. Brendan Boyle (D-PA) tweeted that Price should have taken Amtrak to Philadelphia instead of a private jet. [Politico](#) (9/20, Pradhan, 3.6M) reports other Democrats also criticized Price and the Trump Administration for their use of private jets.

Also covering the story are the [AP](#) (9/20), [The Hill](#) (9/20, Sullivan, 1.68M), the [Wall Street Journal](#) (9/20, Radnofsky, Subscription Publication, 6.45M), the [Washington Examiner](#) (9/20, Chaitin, 465K), the [Huffington Post](#) (9/20, Delaney, 5.74M), the [New York Daily News](#) (9/20, Silverstein, 3.61M), the [Daily Intelligencer \(NY\)](#) (9/20, Raymond, 519K), the [Concord \(NH\) Monitor](#) (9/20, Andrews, 38K), [Fox News Special Report](#) (9/20, 2.29M), and the [Daily Caller](#) (9/20, Phippen, 521K).

**Commentators Weigh In On Private Jets Controversy.** Aaron Blake writes in the [Washington Post](#) (9/20, 10.38M) "The Fix" blog that multiple people in the Trump Administration are facing criticism for their use of private jets, which runs contrary to President Trump's campaign promise to "drain the swamp." According to Blake, federal policy says that charter flights should only be used when commercial flights are not feasible, and that Price himself criticized the federal government's use of private jets when he was a member of Congress.

Under the headline, "What Is It With Trump's Cabinet And Airplanes?" Jennifer Rubin writes in her [Washington Post](#) (9/20, 10.38M) column that "the timing" of this controversy "could not be worse. At a time the administration is pushing the latest incarnation of 'repeal and replace' of Obamacare, the HHS secretary is burning up the miles and taxpayer money (\$60,000 in three days, according to the original Politico report) for what seems like frivolous and wholly unnecessary purposes."

Jonathan Bernstein writes in his column in [Bloomberg View](#) (9/20, 4.52M) that "previous secretaries flew commercial." Bernstein argues that the President should set "a reasonable example of good ethics practices," but President Trump "has basically ignored ethics laws and norms from the beginning."

In an opinion piece in the [Washington Examiner](#) (9/20, 465K), contributor Philip Wegmann writes that Republicans should add a provision to their healthcare bill mandating that Secretary of Health and Human Services Tom Price "fly commercial" when "travelling on state business." Wegmann argues that Price is supposed to be a "public servant," but instead has been acting "like an oil baron."

[MSNBC's All In](#) (9/20, 2.07M) host Chris Hayes commented disparagingly on Price's flights, saying that by comparison, "even at the last minute," tickets for commercial flights or trains would have cost "at most \$725." Hayes discussed Price's spending with Chris Lu, former White House Cabinet Secretary for the Obama Administration, who said such spending was "absolutely not...standard" practice.

**TRUMP: SECRETARY PRICE WILL TRAVEL TO AFRICA TO PROMOTE HEALTH SECURITY AGENDA.** [Politico](#) (9/20, McCaskill, 3.6M) reports that President Trump said Wednesday "that he is dispatching United Nations Ambassador Nikki Haley and Health and Human Services Secretary Tom Price to Africa." Trump told African leaders that his Administration is "closely monitoring and deeply disturbed by the ongoing violence in South Sudan and in the Congo." In addition, Trump "announced that the U.S. would maintain its partnership on key health initiatives." He is quoted saying, "We cannot have prosperity if we're not healthy. ... My secretary of Health and Human Services will be traveling to Africa to promote our global health security agenda."

**MINNESOTA GOVERNOR EXPRESSES GROWING FRUSTRATION WITH HHS OVER DELAYED**

**WAIVER APPROVAL.** The [AP](#) (9/20, Potter) reports that Minnesota Gov. Mark Dayton on Wednesday expressed his frustration with federal health officials who have yet to approve “a program meant to lower health insurance costs.” Dayton said the delay could result in a 20 percent insurance premium hike for 2018, and added, “I can’t get the secretary of Health and Human Services on the telephone. I can’t even get a phone number to call him on.” According to the AP, US Sen. Amy Klobuchar (MN-D) “said Tuesday she urged Health and Human Services Secretary Tom Price to approve the waiver immediately.”

**ARIZONA GOVERNOR ENDORSES ACA REPEAL AFTER PHONE CALL WITH TRUMP.** The [Arizona Republic](#) (9/20, Sanchez, 968K) reports that President Donald Trump phoned Arizona Gov. Doug Ducey (R) on Saturday to discuss the legislation introduced by Sens. Lindsey Graham (R-SC) and Bill Cassidy (R-LA) to repeal the Affordable Care Act. Two days later, Ducey announced on Twitter that he supports the bill. Ducey’s spokesman, Daniel Scarpinato, explained that the call came after weeks of meetings and conversations between Ducey and his staff and the Trump Administration, including Vice President Mike Pence and Health and Human Services Secretary Tom Price, and Sen. Graham.

The [Arizona Republic](#) (9/20, Alltucker, 968K) reports that two Arizona hospital groups, the Arizona Hospital and Healthcare Association and the Health System Alliance of Arizona, released statements Wednesday opposing the Senate Republicans’ repeal bill. A Washington, DC, consultant, Avalere Health, predicts that Arizona would lose \$11 billion through 2026 if the bill passes, and could lose another \$133 billion through 2036. The hospital groups said that the bill “erodes critical protections for patients and consumers,” that its funding cuts are too deep, and that it likely would result in the loss of coverage for many Arizonans.

**MINNESOTA OFFICIALS SEEK CLARITY FROM FEDS OVER PREMIUM PLAN AND MINNESOTACARE FUNDING.** The [Minneapolis Star Tribune](#) (9/20, Golden, 1.27M) reports that Minnesota politicians are “expressing anger” over the Trump Administration’s handling of its request for federal approval for its Republican-designed “reinsurance” program. A decision by the US Department of Health and Human Services last week means federal tax credits expected from the new reinsurance program “would likely be offset by a reduction in federal support for the state’s Basic Health Plan,” known as MinnesotaCare. Minnesota Gov. Mark Dayton (D) said he has not received official word on approval from the HHS yet. Rep. Erik Paulsen (R-MN) said he was “appalled” and wrote a letter to Secretary Tom Price Wednesday saying, “The agency misled our elected officials and undermined all of our good work by planning to cut the Basic Health Plan’s funds without notice.” Four Republican state lawmakers wrote to Price and Treasury Secretary Steven Mnuchin saying, “Preserving the individual market is jeopardized by the revelation that Minnesota may net a loss in total federal healthcare funding.”

**CMS REQUESTS INPUT ON “NEW DIRECTION” FOR INNOVATION CENTER.** [Healthcare IT News](#) (9/20, Morse, 5K) reports that the Centers for Medicare and Medicaid Services is redesigning its Innovation Center in an effort to give providers more flexibility in payment models and encourage more competition among healthcare systems to reduce cost, according to an announcement in a Wall Street Journal op-ed by CMS Administrator Seema Verma. The Innovation Center introduced “many new models shifting payment from fee-for-service to value-based care,” and now CMS is seeking comments on which models work and which do not in a public comment period expiring November 20. Verma added, “We will move away from the assumption that Washington can engineer a more efficient healthcare system from afar – that we should specify the processes healthcare providers are required to follow.”

[Health IT Analytics](#) (9/20) reports that Verma and HHS Secretary Tom Price “have injected a distinctly partisan flavor into many of their public communications” and have “called the Innovation Center ‘a powerful tool for improving quality and reducing costs.’” The article also said that “current HHS leaders believe the best way to craft a more affordable, innovative, and effective health system is by removing federal rules and guidelines, encouraging states to apply for waivers that meet their unique insurance market and care model needs, and encouraging consumers to make shrewd choices about personal spending.”

## **HHS in the News:**



**GOP LEADERSHIP, TRUMP ADMINISTRATION, SPONSORS WORKING TO ENSURE PASSAGE OF LATEST ACA REPEAL BILL.** On its website, [CNN](#) (9/20, Fox, 33.59M) reports that Senate Republicans left “Washington Tuesday with the fate of their last-ditch proposal to overhaul the Affordable Care Act still hanging in the balance.” The article says the coming “days will be critical” for the bill, because “leadership, the bill’s sponsors and the Trump administration are expected to go into overdrive to sell the legislation.” The piece adds that CMS Administrator Seema Verma “will be available to answer questions and ply undecided members with analysis on how the bill would affect their states.”

**CDC ISSUES STORM RECOVERY GUIDANCE.** [Reuters Health](#) (9/20, Harding) reports the Centers for Disease Control and Prevention has issued guidance “about post-storm safety to residents of areas still reeling from the effects of recent hurricanes.” Dr. Sven Rodenbeck, “acting incident manager for the CDC’s response to Hurricanes Harvey and Irma,” is quoted saying, “Short-term we are concerned about injuries, carbon monoxide poisoning, gastrointestinal problems because of contaminated water or food, mold is a concern and just general infection control-type things. ... Longer term, probably the biggest thing is mental health.”

**CHINA RAMPS UP EFFORTS TO PASS US IN HUMAN GENE RESEARCH.** The [Wall Street Journal](#) (9/20, Rana, Subscription Publication, 6.45M) reports that Chinese scientists are stepping up efforts to collect human genetic samples to study mutations of genes, which may be the causes of diseases ranging from cancer to schizophrenia. The Journal reports that a similar project is underway at the US National Institutes of Health. However, the project’s leader, Eric Dishman, said, “You don’t jump in immediately. We’re making sure our systems are in place before we launch nationally.”

**NIH DIRECTOR FRANCIS COLLINS DISCUSSES “ALL OF US” RESEARCH PROJECT.** In an over four-minute interview posted on the [Washington Post](#) (9/20, 10.38M) website, NIH Director Francis Collins explains the “All of Us” research program, which aims to gather comprehensive health and genetic data from at least one million people in the US.

**NIH DIRECTOR DR. FRANCIS COLLINS DISCUSSES PRECISION MEDICINE INITIATIVES.** The [Washington Post](#) (9/20, 10.38M) features an online video of an interview with NIH Director Dr. Francis Collins in which he discussed how the NIH is progressing its work on precision medicine. Dr. Collins said NIH’s ongoing “All of Us” study, led by Eric Dishman and which “aims to have as its team members the same diversity that it has in its participants,” is “one of the boldest undertakings that NIH has ever tried to design and implement.” Dr. Collins further discussed study aims of addressing disparities in access to health among different demographics, improving health professionals’ use of pharmacogenomics, and developing targeted medical treatments to address opioid abuse and other conditions, among other goals.

**NIH DIRECTOR DR. FRANCIS COLLINS CALLS FOR “BETTER WAYS” TO TREAT OPIOID ADDICTION.** The [Washington Post](#) (9/20, 10.38M) features an online video of an interview with NIH director Dr. Francis Collins in which he discussed the NIH and National Institute on Drug Abuse’s roles in addressing the national opioid epidemic, mentioning NIDA director Dr. Nora Volkow’s expertise on the neuroscience of addiction. Dr. Collins called for “better ways” to treat people addicted to opioids, saying that “there are other drug targets that haven’t yet been fully pursued”; that the NIH is working with the pharmaceutical industry to address addiction management and prevention; and that the NIH is encouraging physicians and legislators to consider “medication-assisted treatment” as an alternative to current opioid abuse reduction efforts.

**NIH LEADERSHIP TO MEET WITH PROMINENT BRITISH SCIENTISTS.** [Science Magazine](#) (9/20, Wadman, Cho, 399K) reports NIH leadership are meeting with two of the UK’s “most influential” scientists, minister of State for Universities, Science, Research, and Innovation Jo Johnson and chief executive designate of United Kingdom Research and Innovation Mark Walport, in Washington, DC, this week. The article features a transcript of an interview with Johnson and Walport, who discussed scientific initiatives in the UK as it prepares to leave the European Union.

**FEDERAL AGENCIES LAUNCH \$81 MILLION RESEARCH PROJECT TO DEVELOP NON-DRUG PAIN MANAGEMENT FOR VETERANS.** The [Connecticut Post](#) (9/20, Cuda, 199K) reports “the U.S. Department of Health and Human Services, the U.S. Department of Defense, and the U.S. Department of Veterans Affairs” are jointly establishing an \$81 million “multi-component research project” aimed at developing “nondrug pain management” options for “service members and veterans.” NIH Director Dr. Francis S. Collins said via news release, “Finding solutions for chronic pain is of critical importance, especially for military personnel and veterans who are disproportionately affected. Bringing the science to bear through these real-world research projects will accelerate our search for pain management strategies for all Americans, especially as we work to address the nation’s opioid crisis.”

**TRISPESIFIC ANTIBODY TESTED IN MONKEYS COULD LEAD TO NEW TREATMENT FOR HIV.** [Reuters](#) (9/20, Hirschler) reports researchers from Sanofi and the National Institute of Allergy and Infectious Diseases (NIAID) found that a trispesific antibody could prevent or treat HIV in monkeys, according to a study published in Science. Anthony Fauci, the director of the NIAID, said the new approach to treating HIV was “intriguing.”

[Fierce Biotech](#) (9/20, Weintraub) reports the trispesific antibody is “a three-pronged protein that binds to three different sites on the virus in order to neutralize it.”

**NEW GENETICALLY ENGINEERED ANTIBODY FULLY PROTECTS AGAINST MONKEY HIV, STUDY SUGGESTS.** The [San Diego Union-Tribune](#) (9/20, Fikes, 668K) reports that “a new kind of genetically engineered antibody” resulted in “total protection against a monkey version of HIV,” according to a new study published Wednesday. The study involved a “trispesific” antibody that “is a hybrid of three antibodies, each of which targets a different vulnerable site on the virus.” The research team included scientists “from the National Institutes of Allergy and Infectious Diseases, the French drug company Sanofi and other centers.” The article adds, “Out of a couple of hundred broadly neutralizing HIV antibodies discovered, only about 8 to 10 are promising for direct HIV therapy, said Anthony Fauci, M.D., director of the National Institutes of Allergy and Infectious Diseases.”

**RESEARCHERS SEEK TO IMPROVE FLU VACCINE.** [Science Magazine](#) (9/20, Cohen, 399K) reports that “the most commonly used flu shots protect” at most 60-percent of recipients, and “some years, effectiveness” drops to 10 percent, according to University of Minnesota epidemiologist Michael Osterholm. The article describes current research efforts to determine why the flu vaccine “fails so often...and how to make a markedly better” version. The article says “Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases in Bethesda, Maryland...wants to accelerate” the development of a universal influenza vaccine, which fights multiple strains, “by creating a new consortium of top researchers.” Fauci added, “I’m going to make universal influenza vaccine my top priority over the next couple years. We’ve got to do better.”

**COMMENTARY CALLS ON SURGEON GENERAL TO TAKE STEPS TO COUNTER PREDECESSOR’S RECORD ON E-CIGARETTES.** [Forbes](#) (9/20, 5.11M) contributor Sally Satel writes that US Surgeon General Dr. Jerome Adams has a chance to apply “his bona fides in harm reduction” to the topic of e-cigarettes, in part by refuting claims made by his predecessor, Dr. Vivek Murthy, in his report on youth vaping, “E-cigarette Use among Youth and Young Adults,” that e-cigarettes are a “major public health concern.” Citing evidence refuting Murthy’s claim that has come to light since his report was published, Satel calls on Adams to amend and update Murthy’s report, to enlist “first rate researchers” as reviewers for future e-cigarette reports, and to “be very cautious when collaborating with the Centers for Disease Control and Prevention, CDC, on the issue of smoking and reduced-risk products.”

**FDA ISSUES WARNING ON DANGERS OF MIXING OPIOID ADDICTION MEDICATIONS, OTHER TREATMENTS.** The [AP](#) (9/20, Johnson) reports the FDA on Wednesday issued a new set of warnings on the dangers of combining prescription treatments for opioid addiction with anti-anxiety medicines and other medications. According to the FDA, mixing the drugs leads to slowed or difficulties with breathing and impaired cognitive function. FDA Commissioner Scott Gottlieb wrote in a statement accompanying the warning, “Careful management of the patient and coordination of care is recommended” over denying opioid addicts the use of treatment with methadone or buprenorphine.



### **FDA INVESTIGATOR SAYS EXPIRED MEDICATIONS SHIPPED BY NECC WERE DECADES OLD.**

The [Tennessean](#) (9/20, Roche, 499K) reports that during the trial of Glenn Chin, a former medical expert at the now-closed New England Compounding Center, FDA's office of criminal investigations scientist Michael Mangiacotti, testifying for the prosecution, presented expired medications produced by the company that were nearly a decade old. The treatments have been identified as the source of a meningitis outbreak that the facility shipped to 23 states. Chin is "facing racketeering and second degree murder charges for his role in the outbreak that claimed the lives of 76 unsuspecting patients."

**OP-ED: LEGISLATION TO IMPROVE FDA ALSO BENEFITS NORTH CAROLINA.** Sen. Richard Burr (R-NC), a member of the Senate's Health, Education, Labor and Pensions Committee, in an op-ed in the [Wilmington \(NC\) Star News](#) (9/20, 138K), discusses his "career-long effort to reform and improve the Food and Drug Administration, "which has included initiatives to assist in the passage of the 1997 FDA Modernization Act. He applauds the 2016 21st Century Cures Act, which he writes "gave vital new tools to the FDA to help Americans facing devastating diseases" and provided "nearly \$5 billion in new targeted funding" to the National Institutes of Health. Burr says these as well as the recent FDA Reauthorization Act – which improves Americans' access to "desperately needed clinical trials" and "provides us with new data to determine where more work remains to be done to improve the programs at the FDA" – will bring economic growth to Wilmington and North Carolina as a whole.

### **Health Reform:**

**TRUMP URGES GOP SENATORS TO BACK LATEST ACA REPEAL BILL.** The [Washington Post](#) (9/20, Phillip, 10.38M) reports that on Wednesday morning, President Trump endorsed Senate Republicans' last-ditch effort to repeal the Affordable Care Act, "calling it legislation that would help Republicans fulfill their promise to repeal and replace Obamacare." He urged GOP senators to support the bill, and tweeted, "I hope Republican Senators will vote for Graham-Cassidy and fulfill their promise to Repeal & Replace ObamaCare. Money direct to States!"

The [Wall Street Journal](#) (9/20, Peterson, Radnofsky, Subscription Publication, 6.45M) also reports that Trump called on Senate Republicans to support the bill, and he criticized Sen. Rand Paul (R-KY), the only senator who has publicly said he will not vote for the legislation. The article says Senate Majority Leader Mitch McConnell (R-KY) can afford just two defections, given that no Democrats will support the bill.

The [Washington Examiner](#) (9/20, Morrongiello, 465K) quotes Trump as saying, "I think there's tremendous support for it. ... I think it's actually much better than the previous shot, which was sadly let down."

[Roll Call](#) (9/20, Bennett, 134K) also covers the story.

**TRUMP SAYS TWO OR THREE VOTES ARE STILL NEEDED FOR LATEST ACA REPEAL BILL.** The [AP](#) (9/20, Werner) reports that on Wednesday, President Trump said "Republicans' last-resort 'Obamacare' repeal effort remains two or three votes short, forecasting days of furious lobbying ahead with a crucial deadline looming next week." The measure, which is sponsored by Sens. Lindsey Graham (R-SC) and Bill Cassidy (R-LA) and two others, "would repeal major pillars of" the Affordable Care Act, "replacing them with block grants to states to design their own health care programs." The article says Senate Majority Leader Mitch McConnell (R-KY) is attempting to garner the 50 votes needed to pass the bill before month's end.

[The Hill](#) (9/20, Fabian, 1.68M) reports that Trump also expressed "confidence that the latest Republican plan to repeal ObamaCare could become law." He is quoted as saying, "It has a very good chance." Trump added that "47 or 48" senators already support the bill, and "a lot of" other senators "are looking at it very positively."

[Reuters](#) (9/20, Cornwell, Heavey) and a separate [Reuters](#) (9/20, Mason) article also cover the story.

**TRUMP CRITICIZES RAND PAUL FOR BEING “NEGATIVE FORCE” ON HEALTHCARE.** On its website, [CNN](#) (9/20, Diaz, 33.59M) reports that on Wednesday, President Trump “slammed Sen. Rand Paul...over the Kentucky senator’s open opposition to Republicans’ health care plans, though the Kentucky Republican said he’s working with Trump to come up with a better proposal.” Trump tweeted, “Rand Paul is a friend of mine but he is such a negative force when it comes to fixing healthcare. Graham-Cassidy Bill is GREAT! Ends Ocare!”

[The Hill](#) (9/20, Savransky, 1.68M) reports that Trump “targeted Sen. Rand Paul (R-Ky.) for being a ‘negative force’ on health care.” The article says Paul has characterized the bill as being “‘ObamaCare lite,’ and said he wouldn’t support it.”

The [Washington Examiner](#) (9/20, Giaritelli, 465K) also covers the story.

**RAND PAUL REFUSES TO SUPPORT ACA REPEAL BILL DESPITE STRONG CRITICISM FROM COLLEAGUES.** [Politico](#) (9/20, Kim, Everett, 3.6M) reports that even though Sen. Rand Paul (R-KY) is “one of the Senate’s most conservative members,” he “has been the loudest GOP critic of legislation to repeal the health care law that Republicans are desperate to jam through before a Sept. 30 deadline.” The article says Paul’s “recalcitrant opposition left GOP leaders with virtually no breathing room as their whipping got underway, since they can lose only two votes and still pass the bill.” The piece adds that Paul is facing strong criticism from several GOP lawmakers because of his stance, but he insists the latest ACA repeal bill preserves too much of the healthcare law.

**OBAMA: ACA REPEAL WOULD CAUSE “REAL HUMAN SUFFERING.”** The [Washington Post](#) (9/20, Eilperin, 10.38M) reports that former president Barack Obama said Wednesday that repealing and replacing the Affordable Care Act would cause “real human suffering” to Americans who benefit from expanded insurance coverage and protections. Obama’s remarks came during his keynote speech at a Bill & Melinda Gates Foundation event in New York City.

[USA Today](#) (9/20, Estepa, 8.62M) reports that Obama also called the Republicans’ repeated efforts to overhaul the ACA “aggravating,” saying, “When I see people trying to undo that progress for the 50th or 60th time, with bills that would raise costs or reduce coverage, or rollback protections for older Americans or pre-existing conditions...it is aggravating.”

Jordain Carney writes for [The Hill](#) (9/20, Carney, 1.68M) “Floor Action” blog that Sen Lindsey Graham (R-SC) responded to Obama’s remarks by saying “Obamacare was designed...to consolidate health care power and decision-making in Washington,” and it’s unsurprising the former president “opposes sending money and power back to the states and closer to where the patients live.” Graham also said it was “unrealistic” to believe Obama “would acknowledge his signature issue is failing.”

The [Los Angeles Times](#) (9/20, Lauter, 4.49M), [AP](#) (9/20, Hajela), [Daily Intelligencer \(NY\)](#) (9/20, Raymond, 519K), [The Hill](#) (9/20, Fabian, 1.68M), [TIME](#) (9/20, Abramson, 5.85M), [Washington Examiner](#) (9/20, Quinn, 465K), the [Huffington Post](#) (9/20, Lavender, 5.74M), and the websites of [NBC News](#) (9/20, Rafferty, 3.46M) and [CNBC](#) (9/20, Pramuk, 3.48M) also report.

**EXPERTS WARN ACA REPEAL BILL MAY ERODE PROTECTIONS FOR PEOPLE WITH PRE-EXISTING CONDITIONS.** [ABC World News Tonight](#) (9/20, story 5, 2:05, Muir, 14.63M) reported on “the Senate’s hail Mary push to kill Obamacare. Their new replacement plan” will turn “over much of the responsibility to the states,” although “it is running into a lot of opposition tonight, including from late night TV host Jimmy Kimmel.”

[The Hill](#) (9/20, Sullivan, 1.68M) reports that the latest ACA repeal bill “would give states a way to repeal protections for people with pre-existing conditions, a controversial move that opponents of the bill are denouncing.” Experts are warning that without those protections, premiums would become unaffordable for some consumers. For instance, Larry Levitt, a health policy expert at the Kaiser Family Foundation, said, “Premiums could be unlimited for people who are sick.”



The [Washington Examiner](#) (9/20, King, 465K) reports that a “key provision” of the latest ACA repeal bill would allow states to “waive a protection called community rating that prevents insurers from charging sicker people more money than healthy ones.” This has drawn “much skepticism” from patient and physician groups which are concerned about its possible impact. The article says the bill’s sponsors “are fighting back against criticisms that their bill will erode protections for people with pre-existing conditions by saying that states can solve the problem.”

**Trump Insists Latest ACA Repeal Bill Includes Protections For People With Pre-Existing Conditions.** The [Hill](#) (9/20, Shelbourne, 1.68M) reports that on Wednesday, President Trump insisted that the bill “does include coverage of pre-existing conditions.” He tweeted, “I would not sign Graham-Cassidy if it did not include coverage of pre-existing conditions. It does! A great Bill. Repeal & Replace.”

The [Washington Examiner](#) (9/20, Correll, 465K) also covers the story.

**RYAN SAYS HOUSE WILL TAKE UP ACA REPEAL BILL IF SENATE PASSES IT.** The [Washington Examiner](#) (9/20, Ferrechio, 465K) reports that Speaker Paul Ryan (R-WI) “said the House would take up a Senate bill to turn Obamacare into a block grant program to states if the Senate can find the 50 votes needed to pass it next week.” He stated, “If the Senate acts, we will act.”

**PELOSI SAYS HOUSE HAS “REALLY GOOD CHANCE” OF DEFEATING ACA REPEAL BILL IF SENATE PASSES IT.** The [Washington Times](#) (9/20, Howell, 541K) reports that on Wednesday, House Minority Leader Nancy Pelosi (D-CA) said “the House has a ‘really good chance’ to defeat a last-ditch Obamacare repeal bill if it makes it out of the Senate.” She predicted that Republicans from blue states would “balk after they realize their states would receive less federal money than under the current program, while more than a dozen red states see more dollars by 2026.” Pelosi added, “I don’t see how they could vote for it.”

The [Washington Examiner](#) (9/20, Weaver, 465K) reports that Pelosi criticized the proposal, saying, “This is really a stinkaroo, this bill.” She added that the legislation is Republicans’ “latest and worst version.”

**MURKOWSKI GARNERING A LOT ATTENTION ABOUT HOW SHE WILL VOTE ON ACA REPEAL BILL.** The [Washington Post](#) (9/20, A1, Sullivan, 10.38M) reports on its front page that Senate Republicans are pushing a last-ditch effort to repeal the Affordable Care Act, and Sen. Lisa Murkowski (R-AK) “is at the center of it all – under the glare of the national spotlight and squarely on the minds of White House officials and Senate Republican leaders who are strenuously seeking her support.” She is one of four GOP senators who remain undecided about the bill, and it is still unclear how she will vote. The article says “Murkowski projects an independent streak,” and she often “breaks with her party – yet she is also willing to play ball.”

[Alaska Dispatch News](#) (9/20, Martinson, 379K) reports Murkowski says she “has questions about how it would impact Alaska; she’s still crunching the numbers” to determine “if Alaska can work with the bill’s major overhaul of how Medicaid operates.”

Eric Levitz writes in the [Daily Intelligencer \(NY\)](#) (9/20, 519K) that “for some strange reason, Mitch McConnell ostensibly believes that he can convince Lisa Murkowski to vote for” the latest ACA repeal bill. Because two other GOP senators are considered firm “no” votes, this means “Murkowski can now kill the bill single-handedly (McConnell can only afford to lose three votes).” To date, Murkowski has “refused to pull that trigger,” which “has led to speculation that her vote can be bought.”

**RED STATES EXPECTED TO BENEFIT DISPROPORTIONATELY FROM LATEST ACA REPEAL BILL.** The [Washington Post](#) (9/20, Weigel, 10.38M) reports that Senate Republicans’ latest effort to repeal the Affordable Care Act “was assembled with such haste that it may get a vote before a full cost estimate is finished.” The article says the legislation “would implement a decades-old conservative concept, capping the amount that taxpayers spend on Medicaid and giving states full control over the program.” Under the measure, “14 of the 15 states that would stand to gain from block grants are run by

Republicans; Democratic megastates including California, New York and Massachusetts would lose billions of dollars, a feature both Graham and Cassidy have talked up to conservatives.”

**MOST STATES WOULD LOSE FEDERAL FUNDING UNDER LATEST ACA REPEAL BILL, STUDY INDICATES.** The [AP](#) (9/20, Alonso-Zaldivar) reports that according to an analysis conducted by Avalere Health, most states would see significant funding cuts if the Graham-Cassidy ACA repeal bill becomes law. Data show the “bill would lead to an overall \$215 billion cut to states in federal funding for health insurance, through 2026. Reductions would grow over time.” Overall, 34 states would experience funding reductions “by 2026, while 16 would see increases.” The article says some of the states which would lose funding include several “that were key for President Donald Trump, including Florida, Pennsylvania, Michigan, and Ohio.”

[The Hill](#) (9/20, Weixel, 1.68M) reports that seven “states would see cuts of more than \$10 billion and 16 states would see a funding increase. The biggest losers would be states that expanded Medicaid under ObamaCare.”

The [San Francisco Chronicle](#) (9/20, Ho, 3.31M) reports that California would be the biggest loser, according to the study. By 2026, the state “would lose \$78 billion in federal dollars for the Medi-Cal insurance program.” This “figure represents a 13 percent drop in federal funding levels.”

Also covering the story are [The Atlantic](#) (9/20, Newkirk, 1.64M), [Vox](#) (9/20, Scott, 1.54M), the [Las Vegas Review-Journal](#) (9/20, Martin, 458K), and the [Washington Examiner](#) (9/20, King, 465K).

**NEW ACA REPEAL BILL EXPECTED TO PROVIDE MORE FLEXIBILITY FOR STATES, BUT INCREASE UNCERTAINTY FOR MILLIONS OF CONSUMERS.** Reed Abelson and Margot Sanger-Katz write in the [New York Times](#) (9/20, Subscription Publication, 13.56M) “The Upshot” blog that Senate Republicans’ latest effort to repeal the Affordable Care Act “would grant states much greater flexibility and all but guarantee much greater uncertainty for tens of millions of people.” They argue that the measure “would not only reduce the amount of federal funding for coverage over the next decade, but would also give states wide leeway to determine whom to cover and how.” As a result, the legislation “would be as disruptive as many of the Republicans’ previous proposals, but whose precise impact is the hardest to predict.”

**ACA REPEAL BILL WOULD REPORTEDLY BEGIN RESTRICTING ABORTION COVERAGE IN 2018.** [STAT](#) (9/20, Mershon, 43K) reports that the latest GOP effort to repeal the ACA “would restrict abortion coverage for some people as early as next year.” The article says most of the bill’s provisions would not take effect until 2020. However, starting next year, the measure “would make it illegal for insurers to offer plans that cover abortions on the Obamacare exchanges.” This means that some “9 million people who rely on the Obamacare exchanges would be explicitly denied the coverage, as would any new customers who try to sign up during this year’s open enrollment period, which begins in November.”

**CHRISTIE EXPRESSES OPPOSITION TO LATEST ACA REPEAL BILL.** The [AP](#) (9/20) reports that on Wednesday, New Jersey Gov. Chris Christie (R) said he opposes the latest ACA repeal bill put forward by Senate Republicans. Christie is quoted as saying, “I can’t support a bill that takes \$3.9 billion away from the people of the state of New Jersey.”

[Politico](#) (9/20, Jennings, 3.6M) also reports that Christie said, “I oppose Graham-Cassidy because it is too injurious to the people of New Jersey. ... I’m certainly not going to support a bill that takes nearly \$4 billion from people in the state.”

[The Hill](#) (9/20, Shelbourne, 1.68M) also covers the story.

**COLLINS LAMENTS FAILURE OF BIPARTISAN EFFORT TO STABILIZE ACA MARKETPLACES.** [The Hill](#) (9/20, Greenwood, 1.68M) reports that on Wednesday, Sen. Susan Collins (R-ME) said “it was ‘disappointing’ that a bipartisan health-care effort was halted after the White House threw its support behind” an ACA repeal bill pushed by Sens. Lindsey Graham (R-SC) and Bill Cassidy (R-LA). Collins said



she will not decide if she will support the repeal bill until the Congressional Budget Office scores it. However, “she acknowledged that she preferred an effort by the top Republican and Democrat on the Senate Health Committee to stabilize the individual insurance market and fix the problems with ObamaCare, rather than repeal it outright.”

**GRASSLEY SAYS SENATE GOP HAS “RESPONSIBILITY” TO PASS ACA REPEAL BILL.** [The Hill](#) (9/20, Weixel, 1.68M) reports that on Wednesday, Sen. Chuck Grassley (R-IA) said GOP senators “must follow through on their promise and pass the latest ObamaCare repeal legislation, regardless of its flaws.” Grassley is quoted as saying, “You know, I could maybe give you 10 reasons why this bill shouldn’t be considered. ... But Republicans campaigned on this so often that you have a responsibility to carry out what you said in the campaign. That’s pretty much as much of a reason as the substance of the bill.”

**ANALYSIS: SEN. CASSIDY EARNS THREE PINOCCHIOS FOR CLAIM THAT MORE WILL HAVE COVERAGE.** The [Washington Post](#) (9/21, Kessler, 10.38M) examines Sen. Bill Cassidy’s (R-LA) defense of his legislation that “more people will have coverage” in its “Fact Checker” column. The analysis gives Cassidy three Pinocchios, saying that only because of “the lack of coverage estimates by the CBO or other health-care experts, Cassidy’s claim does not quite rise to Four Pinocchios.” The column acknowledges that the Graham-Cassidy bill has not been scored by the CBO yet; however, prior analyses of repeal bills show millions would lose coverage because of reduced federal funding, of which there is up to \$160 billion under this bill, according to an estimate by the Kaiser Family Foundation.

**HEALTHCARE ADVOCATES BOO LATEST ACA REPEAL BILL DURING EVENT IN MARYLAND.** The [Washington Post](#) (9/20, Portnoy, 10.38M) reports that during a public forum on Tuesday night, Rep. Jamie B. Raskin (D-MD) and Montgomery County healthcare advocates “urged residents...to fight efforts to undo the Affordable Care Act, as 10 miles away on Capitol Hill, Senate Republicans embraced a measure that would do just that.” During the event, “religious, medical and health-care leaders took turns at a lectern, and teary-eyed Medicaid beneficiaries told their stories.” The article says many attendees “booed” when Raskin discussed the latest GOP effort to repeal the ACA. He called “it ‘Trumpcare’ and a ‘mutating monstrosity’ like the final scene in the horror movie ‘Carrie,’ in which a ‘bloody hand emerges from the ground again.”

**STATE REGULATORS APPROVING LARGE PREMIUM HIKES IN THE FACE OF UNCERTAINTY ABOUT ACA.** The [Wall Street Journal](#) (9/20, Mathews, Subscription Publication, 6.45M) reports that insurance regulators in many states are approving significant premium increases for ACA plans which will be sold for 2018. The article says they are doing so despite growing uncertainty about the fate of the healthcare law. Meanwhile, a CMS spokeswoman said all decisions about rates for next year will be made by Wednesday, which is the deadline.

**SENATE REPUBLICANS ACCUSED OF IGNORING SIGNIFICANT CONCERNS IN ORDER TO SUPPORT LATEST ACA REPEAL BILL.** [Roll Call](#) (9/20, Williams, 134K) reports Senate Republicans “face the prospect of retreating from their previous public stances in order to support fast-moving legislation that would significantly overhaul the U.S. health care system.” The article adds that worries “about the impact on people suffering from opioid addiction, drastic cuts to Medicaid and the lack of robust analysis from the nonpartisan Congressional Budget Office appear to have vanished as the GOP hopes to advance a bill to repeal the 2010 health care law before the fast-track budget reconciliation mechanism they are using expires on Sept. 30.”

**GRAHAM CREDITS BERNIE SANDERS FOR REVITALIZING GOP’S ACA REPEAL EFFORTS.** The [Washington Examiner](#) (9/20, King, 465K) reports that Sen. Lindsay Graham (R-SC), “the top sponsor” of the Republicans’ latest attempt to repeal and replace the Affordable Care Act, called Sen. Bernie Sanders’ (D-VT) drive for single-payer healthcare “the gift from the political gods.” Graham said Sanders’ Medicare for All bill boosted the effectiveness of his ACA repeal pitch. Without repealing and replacing the ACA, “We are all aware of the fact that the path we are on moves towards a single-payer system,” Graham stated.

**CONSERVATIVE ACTIVIST GROUP OFFERS LUKEWARM ENDORSEMENT OF GOP’S LATEST**

**ACA REPEAL BILL.** The [Washington Examiner](#) (9/20, Ferrechio, 465K) reports that FreedomWorks, a “conservative activist group,” indicated on Wednesday they neither support nor oppose the latest proposed Affordable Care Act overhaul. Though the group said the bill falls short of the type of repeal promised for “more than seven years,” they added the bill is a “step” toward a full ACA repeal and “there is a path to win our support.”

**FORTY-NINE PERCENT OF VOTERS SUPPORT SINGLE-PAYER HEALTH CARE, POLL SUGGESTS.** [The Hill](#) (9/20, Savransky, 1.68M) reports “49 percent of respondents” to a recent Politico/Morning Consult poll “support a single-payer health care system.” According to the article, 35 percent of respondents “oppose the idea” of single-payer and “17 percent don’t have an opinion.” Among Democratic respondents, “two-thirds support the idea” while 18 percent are opposed; and among Republicans, 52 percent are against single-payer whereas 33 percent are in favor of it. The poll surveyed 1,994 registered voters.

[Politico](#) (9/20, Shepard, 3.6M) and the [Washington Examiner](#) (9/20, Leonard, 465K) also report.

**INSURERS JOIN HEALTHCARE GROUPS IN OPPOSING LATEST ACA REPEAL BILL.** [Bloomberg News](#) (9/20, Tracer, 4.52M) reports America’s Health Insurance Plans (AHIP) and the Blue Cross Blue Shield Association (BCBS) on Wednesday voiced their opposition to the latest Republican effort to overhaul the Affordable Care Act. The organizations cited reduced Medicaid funding, increased barriers to individual coverage, and the failure to eliminate a tax on health insurers as reasons for their opposition. Bloomberg adds that a number of healthcare groups, “including the American Medical Association and the American Hospital Association,” also oppose the bill. The AMA said, “We believe the Graham-Cassidy Amendment would result in millions of Americans losing their health insurance coverage, destabilize health insurance markets, and decrease access to affordable coverage and care.”

[The Hill](#) (9/20, Hellmann, 1.68M) reports that AHIP, “the nation’s leading insurer group,” indicated the bill could cause market instability and negatively impact individuals with preexisting conditions.

The [Washington Examiner](#) (9/20, Leonard, 465K), [Fortune](#) (9/20, 1.51M) and [CNN Money](#) (9/20, 3.59M) also report.

**Association Of Blue Cross Blue Shield Insurers Blasts ACA Repeal Bill.** The [New York Times](#) (9/20, Pear, Subscription Publication, 13.56M) reports that “the two major trade groups for insurers,” the Blue Cross Blue Shield Association and America’s Health Insurance Plans, “came out forcefully” against the bill on Wednesday, “suggesting that its state-by-state block grants could create health care chaos in the short term and a Balkanized, uncertain insurance market.”

The [Washington Examiner](#) (9/20, King, 465K) reports that the association said the Graham-Cassidy bill “reduces funding for many states significantly and would increase uncertainty in the marketplace, making coverage more expensive and jeopardizing Americans’ choice of health plans.”

[The Hill](#) (9/20, Sullivan, 1.68M) reports BCBS said in a statement that the bill also would “undermine safeguards for those with pre-existing medical conditions.” The Hill called BCBS “the first major health insurance group to warn against the bill.”

Bruce Japsen writes for [Forbes](#) (9/20, 5.11M) that the BCBS companies “joined dozens of groups including the American Medical Association, American Hospital Association and AARP, the large senior citizen lobby, in opposing Graham-Cassidy.”

**NEW JERSEY HOSPITALS OPPOSE GOP’S LAST-DITCH ACA REPEAL.** The [Newark \(NJ\) Star-Ledger](#) (9/20, Salant, 1.62M) reports that New Jersey hospitals and medical providers nationwide are expressing opposition to the Senate Republicans’ latest attempt to overhaul the Affordable Care Act. Betsy Ryan, president and chief executive of the New Jersey Hospital Association (NJHA), said, “Once again, we’re staring down a bad bill that would hurt millions of people, and Senate leadership seems intent on ramrodding it through the process with insufficient information and no opportunity for public



input.” The article adds that “the American Medical Association also came out against the bill,” with Dr. James L. Madara, the AMA’s executive president and chief executive, saying the measure would “result in millions of Americans losing their health insurance coverage, destabilize health insurance markets, and decrease access to affordable coverage and care.”

**SHUMLIN SUPPORTS FEDERAL SINGLE-PAYER, BUT WARNS STATES TO LEARN FROM HIS FAILED VERMONT EFFORT.** [VTDigger \(VT\)](#) (9/20, Mansfield, 3K) reports that former Vermont Gov. Peter Shumlin said on Tuesday he supports a federal single-payer healthcare system, but does not believe small states should attempt to implement such systems individually. The article says Shumlin abandoned his plan to bring a single-payer healthcare system to Vermont “after nearly losing his bid for a third term.” Shumlin said states should view his experience in Vermont as a cautionary tale, but not a failure. The article mentions that “Shumlin said he met regularly with the U.S. Department of Health and Human Services seeking waivers to set up single-payer,” but the Obama Administration “was focused on keeping Obamacare” and unable to arrange “special deals for Vermont” to advance single-payer.

**PREVIOUS HHS RESEARCH CONTRADICTS TRUMP ADMINISTRATION’S CLAIM THAT ACA ADVERTISING IS INEFFECTIVE.** Jonathan Cohn writes for the [Huffington Post](#) (9/20, 5.74M) that Department of Health and Human Services research “conducted and then distributed internally during” Barack Obama’s presidency contradicts the Trump Administration’s claims that Affordable Care Act advertising is ineffective. Cohn says “the HHS research suggested that...all advertising was responsible for about 37 percent of new enrollees signing up.” The research also found that advertising encouraged “a roughly equal proportion of existing enrollees” to re-enroll on healthcare.gov, Cohn adds. Cohn concludes that the research “suggests that the decision to cut healthcare.gov advertising...is another example of the Trump administration undermining Obamacare through neglect or outright sabotage.”

**TENNESSEE GOVERNOR ENDORSES GRAHAM-CASSIDY BILL DESPITE HOSPITALS’ OPPOSITION.** The [Chattanooga \(TN\) Times Free Press](#) (9/20, Flessner, 152K) reports that on Wednesday Gov. Bill Haslam called the latest ACA repeal-and-replace proposal “a home run for Tennessee.” Haslam “said Tennessee should end up with more money and more choices under the plan” from US Sens. Lindsey Graham and Bill Cassidy. The article says, however, the Tennessee Hospital Association (THA) disagrees with Haslam’s endorsement, and THA president Craig Becker said the plan would bring “steep cuts to Medicare providers, and elimination of the Prevention and Public Health Fund.” Becker called the bill “a nonstarter for a much-needed healthcare solution.”

**IOWA GOVERNOR SUPPORTS GRAHAM-CASSIDY BILL.** The [Des Moines \(IA\) Register](#) (9/19, Petroski, 324K) reports that Iowa Gov. Kim Reynolds (R) on Tuesday expressed her support for the latest Republican bill to repeal and replace the Affordable Care Act. “What we have right now is not working,” Reynolds stated at a news briefing. Nonetheless, Reynolds “added she isn’t suggesting that she supports major cuts in the rolls of Iowa’s Medicaid program.”

**NEBRASKA SENATOR SAYS GRAHAM-CASSIDY’S STATE-BASED HEALTHCARE MODEL IS “WORTH EXPLORING.”** The [Washington Times](#) (9/20, Persons, 541K) reports that Sen. Deb Fischer (R-NE) said on Fox News Wednesday that she is in favor of providing states with more power to tailor their own health insurance systems. Fischer called the Graham-Cassidy bill “a great model” that is “worth exploring.” However, Fischer said she is still studying the proposal and did not indicate if she would back the legislation.

**ACA REPEAL PUSH COULD JEOPARDIZE HEALTH PROGRAM FUNDING FOR CHILDREN, LOW-INCOME COMMUNITIES.** The [Wall Street Journal](#) (9/20, Hackman, Subscription Publication, 6.45M) reports that lawmakers’ focus on replacing the Affordable Care Act with the Graham-Cassidy measure may be complicating reauthorization of several bipartisan health programs that are due to expire on September 30. The programs include the Children’s Health Insurance Program (CHIP), funding for community health centers, and a residency programs for primary care doctors at community health centers.

**UNCERTAINTY PERVADES WESTERN PENNSYLVANIA HEALTHCARE MARKET AS**

**ENROLLMENT PERIOD NEARS.** The [Pittsburgh Post-Gazette](#) (9/20, Twedt, 516K) reports that “several signs point to a piecemeal dismantling of the Affordable Care Act” individual insurance marketplace. The Post-Gazette highlights the month-to-month federal cost-sharing reduction payments that have created “uncertainty for insurers as they set rates for 2018,” the 90 percent cut to the marketing budget to remind people of the open enrollment period, and a nationwide 40 percent cut to the navigator program which guides people through the enrollment process. There are 155,000 Western Pennsylvanians in the marketplace, and the CEO of UPMC Health Plan Diane Holder said that her insurance company is “committed to this population” and “committed to a process of trying to get people affordable care.”

**FORMER SENATOR SANTORUM'S STOP IN A BARBERSHOP LED TO GRAHAM-CASSIDY.** [NPR](#) (9/20, 2.4M) tells the story of how former Pennsylvania Senator Rick Santorum (R) stopped in the Capitol barbershop this spring and decided to “bounce” his idea for healthcare reform off Sen. Lindsey Graham (R-SC), who was sitting in the barber's chair. Santorum explained that the block-grant approach was similar to a welfare reform law that he helped author in 1996. Santorum said that the idea “was always a back burner until it was apparent in July that” Senate Majority Leader Mitch McConnell's (R-KY) bill “wasn't going to pass.” Santorum appeared with Graham and the other co-authors of the bill when the legislation was rolled out last week.

**TENNESSEE OFFICIALS APPROVE 2018 ACA PREMIUM REQUESTS.** The [Tennessean](#) (9/20, Fletcher, 499K) reports that Tennessee Department of Commerce and Insurance Commissioner Julie Mix McPeak approved the premiums requested by the three companies set to sell insurance on the state's individual exchange in 2018: Blue Cross Blue Shield of Tennessee, Cigna, and Oscar Health. Cigna requested an increase of 42.1 percent over last year, and Blue Cross Blue Shield sought 21 percent, “most of which is attributed to federal uncertainty.” Oscar Health is new to the market, so it does not have a prior year premium. Uncertainty arising from the ongoing debate on repeal legislation and from the lack of a long-term commitment to cost-sharing reduction payments contributed to the increases. Sen. Lamar Alexander (R-TN) halted his efforts for a bipartisan stabilization of the marketplace. McPeak said, “I continue to urge Congress to take action to stabilize insurance markets.”

**SOUTH DAKOTA INSURANCE PREMIUM INCREASES ADD FUEL TO ACA REPEAL DEBATE.** The [Sioux Falls \(SD\) Argus Leader](#) (9/20, 156K) reports that on Wednesday, the federal government approved the proposals from South Dakota's two insurance providers to offer policies to residents on the individual exchange in 2018. On the assumption that the Trump Administration keeps making payments for cost-sharing reductions, then policyholders will see a 7.5 percent increase in Sanford Health Plan premiums and a 17 percent increase under Avera Health Care Plans. Lawmakers pounced on the news as a reason to repeal the Affordable Care Act, although insurance executives “said political efforts to reform healthcare created the uncertainty that drove prices up in the first place.”

**VIRGINIA REPUBLICAN “FLIP-FLOPS” ON GOP HEALTHCARE BILL.** The [Huffington Post](#) (9/20, Marans, 5.74M) reports that Republican candidate for governor of Virginia Ed Gillespie “walked back comments opposing” the Republican healthcare legislation “mere minutes after he made them Tuesday night” during a debate. On Tuesday, Gillespie said that “Graham-Cassidy falls short” because it would “punish Virginia,” but he told a reporter after the debate, “There is a process under way right now. And I want to make sure Virginia is protected from that kind of punishment but I'm not endorsing or opposing any specific legislation.” His Democratic opponent, Lt. Gov. Ralph Northam (D), responded Wednesday, “Ed Gillespie has been Donald Trump's top lobbyist for taking health care away from over 800,000 Virginians,” adding that “taking health care away from Virginians is his priority.”

**HEALTHCARE PROVIDERS, INSURERS LINE UP AGAINST GRAHAM-CASSIDY BILL.** The [Huffington Post](#) (9/20, Young, 5.74M) reports that the latest Republican effort to reform the American healthcare system has “generated intense opposition from the very health care providers, patient groups and insurance companies that would be forced to adapt to the changes envisioned by the legislation.” The Huffington Post publishes excerpts from several organizations and insurers, including the American Medical Association, American Academy of Pediatricians, American Congress of Obstetricians and Gynecologists, American Psychiatric Association, American Health Care Association/National Center for Assisted Living, America's Health Insurance Plans, and Blue Cross Blue Shield Association among



others.

**KAISER PERMANENTE CEO SLAMS GRAHAM-CASSIDY BILL.** [Fortune](#) (9/20, Mukherjee, 1.51M) reports Bernard Tyson, CEO of Kaiser Permanente, published a “missive” against the Graham-Cassidy legislation which may come up for a vote next week. Tyson said in a blog post: “At Kaiser Permanente, we believe that changes to our nation’s health care laws should increase access to high-quality, affordable care and coverage for as many people as possible. The Graham-Cassidy bill does not meet any of those tests.” Tyson criticized the block grant proposal because it would “erode coverage of needed medical services and pose major issues for state budgets,” and said that repealing the individual mandate “will lead to fewer people enrolled and higher premiums.” The article mentions that the American Medical Association and Association of American Medical Colleges (AAMC) “have similarly denounced the legislation.”

**ANALYSIS: REPUBLICANS “TWEAK” SEN. SANDERS OVER HEALTHCARE, OPEN A PATH FOR THEIR BILL.** The [Washington Post](#) (9/20, Weigel, 10.38M) says in its “PowerPost” that Republicans may have Sen. Bernie Sanders’ (I-VT) release of his Universal Medicare for All legislation to thank for the renewed momentum of the Graham-Cassidy legislation. Sen. Lindsey Graham (R-SC) was “downright giddy” when Sanders’ bill was released. The piece describes the Cassidy-Graham bill as “astoundingly unpopular,” adding that it has 26 percent public approval and only 48 percent approval from Republicans. The Post concludes that if the bill passes, then Sens. Graham and Bill Cassidy (R-LA), “joined by 48 Republicans and the vice president, will have dramatically altered a major entitlement in a two-week sprint, with no serious CBO score, no bipartisan input, and one hasty hearing.”

**KANSAS SENATOR JERRY MORAN REMAINS UNDECIDED ON ACA REPEAL LEGISLATION.** The [Topeka \(KS\) Capital-Journal](#) (9/20, Kite, 111K) reports that Kansas Senator Jerry Moran (R) said Wednesday that he is “undecided” on Republicans’ most recent ACA repeal-and-replace effort. At a town hall in July, Moran “said he would evaluate proposals based on whether they made premiums more affordable, protected those with pre-existing conditions, protected rural health care and paid Medicaid providers enough without inhibiting job creation or punishing Kansas for not expanding Medicaid.” Executive Director of the Alliance for a Healthy Kansas David Jordan said that “this bill would flunk the Moran test.”

**SEN. DUCKWORTH IN FAVOR OF BIPARTISAN FIX TO ACA.** The [St. Louis Post-Dispatch](#) (9/20, Raasch, 831K) interviewed Illinois Sen. Tammy Duckworth (D) Wednesday and reports that she opposes Sen. Bernie Sanders’ (I-VT) Medicare for All legislation, for now, and would like to see talks between Sens. Lamar Alexander (R-TN) and Patty Murray (D-WA) to stabilize the ACA continue. She said, “There are many, many flaws within the Affordable Care Act. But I have always been one to fix it and figure out how to fix it and figure out how to make it better. Look, I am voting for anything that expands coverage and makes it cheaper.”

**NEBRASKA, IOWA REPUBLICANS LIKELY YES VOTES ON GOP’S HAIL MARY EFFORT TO REPLACE ACA.** The [Omaha \(NE\) World-Herald](#) (9/20, Morton, 595K) reports that all four US senators from Iowa and Nebraska are expected to vote in favor of Republicans’ “last-ditch” healthcare proposal. The World-Herald interviewed Sens. Ben Sasse (R-NE), Deb Fischer (R-NE), Joni Ernst (R-IA), and Chuck Grassley (R-IA) and publishes statements from each of them showing why they favor the latest, “Hail Mary,” legislation.

**NEW YORK WOULD LOSE \$45 BILLION UNDER SENATE HEALTHCARE BILL, STUDY SAYS.** [Newsday \(NY\)](#) (9/20, Brune, 1.64M) reports that the Senate Republicans’ “last-ditch effort” to “dismantle” the Affordable Care Act would cut federal funding sent to New York and give it to states that did not expand Medicare. The Avalere consulting firm predicts that New York would lose \$45 billion and California \$78 billion from 2020 to 2026, while Texas would gain \$35 billion and Georgia \$10 billion during that period. The Center for Budget and Policy Priorities estimates that New York state would lose \$18.9 billion in 2026 alone.

**INDEPENDENT ANALYSES PREDICT REPUBLICANS’ HEALTHCARE BILL WOULD LEAVE**

**MILLIONS MORE UNINSURED.** The [Los Angeles Times](#) (9/20, Levey, 4.49M) reports that analyses of the new Graham-Cassidy healthcare bill show that millions of currently insured Americans would be uninsured and hundreds of billions of dollars in funding would be cut. Independent analysts say that most states would likely lose money, which would cause coverage losses “somewhere between significant and vast.” The Times also reports, “No major group representing patients or people who work in the healthcare system backs the Graham-Cassidy proposal,” and insurers such as Blue Cross Blue Shield Association said the bill would make “coverage more expensive” and would jeopardize “Americans’ choice of health plans.”

**WEST VIRGINIA SENATORS: MANCHIN OPPOSES LATEST ACA REPLACEMENT, CAPITO STILL REVIEWING.** The [Beckley \(WV\) Register-Herald](#) (9/20, Lannom, 59K) reports US Sen. Joe Manchin (D-WV) will oppose the Graham-Cassidy healthcare legislation. Manchin said, “Graham-Cassidy is not the solution we need and it is a bad deal for West Virginians. It will leave West Virginia with significantly fewer resources to provide health coverage for both our most vulnerable citizens and our middle class families.” West Virginia’s other US senator, Shelley Moore Capito (R), is “evaluating the Graham-Cassidy proposal to determine its impact on West Virginians.” Similarly, while some governors have publicly stated opinions on the legislation, West Virginia Gov. Jim Justice (R) is still reviewing the bill.

The [Charleston \(WV\) Gazette-Mail](#) (9/20, Zuckerman, 22K) reports that West Virginia expanded Medicaid under the ACA and says that the Graham-Cassidy bill would “decrease funding for states that expanded Medicaid.” The Gazette-Mail recalls that Sen. Capito voiced opposition to earlier legislation because of the need for Medicaid funding for the opioid crisis, and that this bill does not include a \$45 billion package that earlier Senate versions included.

**GOP SENATORS CITE PRESSURE FROM VOTERS IN DRIVE TO OVERHAUL ACA.** The [AP](#) (9/20, Fram) reports that Senate Republicans have cited pressure from their base of voters and may see the Graham-Cassidy legislation as a “political necessity.” Sen. Chuck Grassley (R-IA) said, “Republicans campaigned on this so often that we have a responsibility to carry out what you said in the campaign...that’s as pretty much as much of a reason as the substance of the bill” to pass it. Sen. Bill Cassidy (R-LA) emailed his supporters Wednesday emphasizing that this was “one last chance to repeal and replace” the ACA.

**SENATOR GRAHAM OVERHEARD LEANING ON COLLEAGUE TO VOTE FOR GOP BILL.** The [AP](#) (9/20, Woodward) reports that Sen. Lindsey Graham (R-SC) was overheard in a phone call Wednesday at Reagan National Airport imploring a colleague to vote for his bill. Graham said it was a “historic opportunity,” adding, “Everyone will be held accountable.” A reference to “for Arizona” implied that he may have been speaking with Sen. John McCain (R-AZ).

**LIBERAL ACTIVISTS MOBILIZED AHEAD OF SENATE VOTE ON ACA REPEAL.** [Politico](#) (9/20, Schor, 3.6M) reports that progressive and liberal activists have been “roused into the streets” by the latest Republican effort to repeal the ACA. The efforts include a television and digital advertising campaign by Save My Care, an aerial banner campaign by UltraViolet Action targeting key senators, and a flurry of phone calls and marches.

**MAINE SEN. ANGUS KING SAYS THE SENATE IS “FLYING BLIND” WITHOUT CBO SCORE ON HEALTHCARE BILL.** The [Washington Times](#) (9/20, Persons, 541K) reports that Sen. Angus King (I-ME) said Wednesday that the Senate is “flying blind” on the Graham-Cassidy legislation without a Congressional Budget Office score. King said, “We’re flying blind and they’re going to rush this through, or try to rush this through, I hope they fail next week, without really knowing what the impacts are going to be, what the costs are going to be, how many people are going to lose their coverage.” He added that Maine is likely to lose money if the bill is passed.

**SEN. BLUMENTHAL CALLS GOP’S HEALTHCARE BILL “OUTRAGEOUS.”** [The Hill](#) (9/20, Shelbourne, 1.68M) reports Sen. Richard Blumenthal (D-CT) told CNN’s “The Situation Room” that “We are preparing and planning to use every tool and tactic available to us because we are on the precipice of one of the most cruel and outrageous legislative acts in recent history.” Blumenthal said of the last-ditch



effort by Republicans, “It’s a sequel to the horror movie we went through, a bad sequel, meaner and crueler.”

**COMMENTARY CONSIDERS HEALTH REFORM.** Numerous outlets offer guidance on health reform.

Philip Klein, managing editor of the Washington Examiner, writes in an op-ed for the [New York Times](#) (9/20, Subscription Publication, 13.56M) that the Graham-Cassidy bill is “both more timid and more sweeping than previous efforts to replace Obamacare.” The proposal keeps many rules and more of the ACA’s taxes and spending in place than previous GOP plans, and for proponents of federalism in healthcare, the bill “leaves a lot to be desired.” Klein argues that keeping ACA regulations “limits the amount of innovation that can occur at the state level,” and keeping the taxes means free market states such as Texas “could be subsidizing single-payer health care in Vermont.”

In the [Washington Post](#) (9/20, 10.38M) “The Fix,” Amber Phillips asks: did Sen. Bill Cassidy (R-LA) “pull a fast one on [Jimmy] Kimmel? Or did Kimmel misunderstand him?” She says the facts show this “bill does not give states nearly as much money to help cover the rising cost of health insurance as Obamacare is giving them right now,” which means that “even states that want to create a health-care-for-all system with their newfound freedom probably won’t be able to afford it.” Phillips adds that some 30 million consumers will lose coverage because of the bill, and points out that despite Cassidy’s contentions, the bill does not lower premiums, and it does not provide protections for people with pre-existing conditions.

Elise Viebeck writes in the [Washington Post](#) (9/20, 10.38M) “PowerPost” that the latest effort to repeal the ACA suddenly went into overdrive during the weekend “when Republican leaders, pushed by conservatives to more seriously reckon with the possibility that they would not achieve their party’s central policy goal, began to take a closer look at the Cassidy-Graham bill.” She explains that Republicans are rushing to vote on the bill this month mainly because after September 30, they will no longer have the option of using reconciliation to repeal the ACA with just 50 votes.

Marquette University assistant professor of political science Philip Rocco writes in the [Washington Post](#) (9/20, Rocco, 10.38M) “Monkey Cage” blog that “either by design or as a side-effect,” by converting the ACA’s spending provisions into a block grant, the bill makes “it cumbersome for CBO to project the potential effects of the repeal legislation in a timely way,” which may result in a backlash where “Americans may be more likely to heed the warnings of people like the national TV host Jimmy Kimmel.”

Avik Roy, president of the Foundation for Research on Equal Opportunity, writes for the [Washington Post](#) (9/20, 10.38M) that the Graham-Cassidy bill features a flawed “asymmetric federalism” and would make it “relatively easy for blue states to expand the role of single-payer health care, while making it rather difficult for red states to achieve market-oriented reforms,” which would need future waivers from the Centers for Medicare & Medicaid Services. With the bill’s block grants beginning in 2020, states would have little time to decide how to administer the new funds.

In the [Washington Post](#) (9/20, 10.38M) “Plum Line” blog, contributor Greg Sargent writes that Avalere Health released a study that found several states represented by moderate Republican Senators would receive less federal funding under the Graham-Cassidy bill. Sargent argues that the new study could make it more difficult for Sens. Susan Collins (R-ME), John McCain (R-AZ), Lisa Murkowski (R-AK), and Rob Portman (R-OH) to vote for the bill.

Michael Hiltzik writes in his column in the [Los Angeles Times](#) (9/20, 4.49M) that Avalere released a report that concluded the Graham-Cassidy bill would cut “healthcare funding for adults, children and the disabled – in effect, almost every population category in the US other than seniors enrolled in Medicare.” Hiltzik argues that Avalere’s report, and others, may have a particularly significant impact on the vote since the CBO will not be able to complete a full analysis of the bill before Sept. 30.

In the [Washington Post](#) (9/20, 10.38M) “Right Turn” blog, contributor Jennifer Rubin writes that Senate Majority Leader Mitch McConnell (R-KY) pressured Sen. Lamar Alexander (R-TN) to abandon a bipartisan healthcare bill that he had been working on with Sen. Patty Murry (D-WA). Rubin argues that

McConnell is “desperately straining to please the president with a partisan, fly-by-night repeal of” the Affordable Care Act.

Sen. Ron Johnson (R-WI) writes in [USA Today](#) (9/20, 8.62M), “Obamacare was never designed to be patient-friendly. In fact, one of the key tenets of Obamacare is taking power away from patients and local officials.” The ACA “gives this decision-making power to the federal government,” but the Graham-Cassidy bill “would change that by block-granting Obamacare spending to states, empowering those closest to their communities to provide effective solutions.”

Political consultant Karl Rove writes in an op-ed for the [Wall Street Journal](#) (9/20, Subscription Publication, 6.45M) that under the Graham-Cassidy bill, state would be freed from the ACA’s top-down model to explore different approaches to healthcare in the spirit of federalism. Passage would spark policy innovation among the states but it can only afford to lose the support of two GOP senators. Rove spotlights four crucial GOP senators in the renewed ACA repeal effort and warns that the GOP risks its thin majority in the senate if this attempt to repeal the ACA fails.

Hoover Institution research fellow Lanhee J. Chen writes for the [Wall Street Journal](#) (9/20, Subscription Publication, 6.45M) that the Graham-Cassidy bill is imperfect, but a better bill won’t come. Chen urges the Senate to pass the bill, emphasizing its empowerment of state government over the federal government in healthcare policy.

[USA Today](#) (9/20, 8.62M) editorializes that the Graham-Cassidy bill is “poison” that “would strip tens of millions of people of their health coverage” and “gut Medicaid.” The bill is “destructive” to good governance and “no hearings have been held, and no Congressional Budget Office analysis has been completed.” The editorial expresses “hope that at least three of the 52 Republican senators will show some courage, and let this Hail Mary pass fall harmlessly to the ground.”

Chris Cillizza writes in a [CNN](#) (9/20, 33.59M) piece that GOP lawmakers in the Senate “continue to sound optimistic about their chances of passing their last, last-ditch attempt to repeal and replace Obamacare before their window to do so closes at the end of the month. (I’m more skeptical).” He argues that “even if Republicans do manage to squeak through the legislation being championed by Sens. Lindsey Graham of South Carolina and Bill Cassidy of Louisiana – and it will be a squeaker – it’s possible they will create even more political problems for themselves on health care than they currently face.” Cillizza goes on to discuss a map which “shows how much each state would stand to gain or lose in federal dollars if Graham-Cassidy passed.”

In a recap of President Trump’s agenda, Matt Mackowiak writes for the [Washington Times](#) (9/20, 541K) that the three-month delay on the debt ceiling and the government spending bill “strategically created unexpected floor time for the Senate to consider a last-ditch Obamacare replacement bill,” which “injects federalism into healthcare” and “rebalances Obamacare funds by tilting them away from four states with 20 percent of the population.” House Speaker Paul D. Ryan (R-WI) “has pledged that the House will also pass the bill, giving Republicans and the White House a needed policy win on a crucial campaign pledge.”

Albert R. Hunt writes for [Bloomberg View](#) (9/20, 4.52M) that Congressional Republicans are “rushing” the Graham-Cassidy bill, making “dishonest claims” and making “a mockery of serious legislative process.” Hunt laments that the Congressional Budget Office has limited time to analyze the bill’s impact and that there “have been no hearings on the bill despite its massive impact on the U.S. economy and health-care system.”

Philip Wegmann writes for the [Washington Examiner](#) (9/20, 465K) reports that Jimmy Kimmel has “regurgitated” the “most standard Democratic attack on any Republican legislation is that it is a giveaway to big business.” Wegmann points out that shortly after Kimmel’s remarks, “1,300 health insurance companies under the umbrella of America’s Health Insurance Plans, the leading insurance group in the nation, opposed the Graham-Cassidy bill.”



Thomas Huelskoetter writes for [Fortune](#) (9/20, 1.51M) that the Graham-Cassidy bill will weaken flexibility for states by “slashing federal funding” and “forc[ing] states to cut eligibility or benefits based on budgetary limits.” Huelskoetter claims that the “state flexibility that Graham-Cassidy does provide is designed to get rid of important consumer protections,” adding that Graham-Cassidy’s block grant funding “simply disappears entirely after 2026.”

The [Denver Post](#) (9/20, 817K) editorializes it “vehemently oppose[s]” replacing private health insurance industry with a public option or mandate. Colorado gubernatorial candidate Cary Kennedy last week proposed a Medicaid-for-all insurance program in the state more “akin to a public option” than Sen. Bernie Sanders’ plan. The Post warns that Colorado taxpayers would risk having up “bailing out the new Colorado-only public option when those insured proved too expensive to insure and too poor to shoulder adequate premiums and deductibles.”

The Daily Beast columnist and radio host Dean Obeidallah writes for [CNN](#) (9/20, 33.59M) that Jimmy Kimmel “has been clearly more effective at attracting media coverage” than Democrats on the “debate over how disastrous the GOP’s proposed healthcare plan would be for Americans with pre-existing conditions.” Kimmel on Tuesday was “unflinching in his indictment of what he saw as [Sen. Bill Cassidy]’s hypocrisy” over the impact of the bill he and Sen. Lindsay Graham have proposed.

Kyle Wingfield writes for the [Atlanta Journal-Constitution](#) (9/20, 1.16M) that the “biggest problem with centralized decision-making” on healthcare to the diversity of needs among individuals. Citing Gallop polling, Wingfield argues that with respect to healthcare costs, “what we think we know about the situation for others is in stark contrast to what we see in our own lives.”

The [Chicago Sun-Times](#) (9/20, 742K) editorializes in opposition to the Graham-Cassidy bill, highlighting criticisms that the bill “would take insurance away from 30 million people, gut Medicaid and do away with protections for people with pre-existing conditions.” America’s healthcare system “would suddenly be designed to function best for those who don’t need health care or who are financially well off.” The Sun-Times warns a vote for the bill “would be an ill-thought-out vote for throwing nearly a fifth of America’s economy into disarray.”

The [Baltimore Sun](#) (9/20, 706K) editorializes that the Graham-Cassidy bill is “even more draconian than their previous attempts to strip millions of Americans of health insurance coverage.” The Sun says voters “need to make clear that they don’t want to go back to the days of coverage limits, denials for pre-existing conditions and ballooning numbers of the uninsured.”

Michael A. Cohen writes for the [Boston Globe](#) (9/20, Cohen, 969K) that the Graham-Cassidy bill “would basically eliminate the subsidies that have allowed individuals to buy insurance in Obamacare exchanges and would end Medicaid expansion.” Cohen highlights “regurgitated conservative platitudes about the genius of state governments,” he says are poised to be “hard hit by this legislation.”

Former Editor in Chief of the New England Journal of Medicine Dr. Marcia Angell writes in the [Boston Globe](#) (9/21, 969K) that Medicare is “by far the most popular and efficient part of our health care system” and it is a single-payer system. Angell contends that the problem with the US healthcare system, unlike other countries’ systems, is that “we have chosen to entrust our health care mainly to the commercial market” and markets are “terrible for health care.” She concludes that the “time has come” for Americans to adopt Sen. Bernie Sanders’ (I-VT) Medicare for All Act.

Andrew Prokop writes in a [Vox](#) (9/20, 1.54M) piece that as Sens. Lindsey Graham (R-SC) and Bill Cassidy (R-LA) seek to garner support for the latest ACA repeal bill, “they’re relying on one argument most of all: Their bill, they say, will give much more flexibility to individual states to figure out how to make health care work.” Prokop argues, however, that there is a “catch: The bill doesn’t just move around Obamacare’s spending,” but “severely” cuts it.

Sarah Kliff writes in a [Vox](#) (9/20, 1.54M) piece that there are currently “three separate analyses of how the Obamacare repeal bill offered by Sens. Bill Cassidy and Lindsey Graham would affect states.” Two of

them indicate there will be significant cuts to federal funding for states. The third one, conducted by Cassidy's office, "tells a very different story – one in which every state gets a funding boost within a bill that, at the topline, includes a very significant spending cut." Kliff argues that the bill's "sponsors are trying to sell it by using misleading numbers that hugely underestimate the deep cuts many states face."

Dylan Matthews writes in a [Vox](#) (9/20, 1.54M) piece that Republican senators especially like one provision in the latest ACA repeal bill: the fact that it devolves power to the states. Matthews says the bill "replaces the money Obamacare used to expand coverage through Medicaid and private insurance with a fixed pot of money, or block grant, that states can use more or less as they please." He adds that this idea is modeled after welfare reform, but the problem is that welfare reform failed.

Margaret Hartmann writes in the [Daily Intelligencer \(NY\)](#) (9/20, 519K) that in spite of "the objections of medical groups, elected officials, and late-night hosts, Republicans seem determined to forge ahead with their repeal effort." Advocates of the bill are touting "a letter of support from 15 Republican governors – though that letter called for 'adequately funded' block grants to the states, which Graham-Cassidy wouldn't actually provide."

Jonathan Chait writes in the [Daily Intelligencer \(NY\)](#) (9/20, 519K) that GOP senators have about a week left to use reconciliation to repeal the ACA. He argues that this "frantic rush has created a shambolic piece of legislation whose directional impact is clear enough – it would massively reduce federal funding for health-care coverage – but whose specifics are barely knowable."

The [Washington Examiner](#) (9/21, 465K) editorializes that the Graham-Cassidy bill may be the last opportunity this Congress has to repeal the ACA. "The urgency of replacing Obamacare cannot be understated. Give competitive federalism a chance; it's what the country's founders had in mind." Referring to the continuing need to HHS state waivers under the bill, the editorial says, "It's urgent that senators improve this bill, then pass it."

Megan McArdle writes in her column in [Bloomberg View](#) (9/20, 4.52M) that if the Graham-Cassidy bill passes, then the politics of healthcare in the US would change. McArdle argues that healthcare wasn't a big national issue before 2008, and that if the bill passes, then healthcare may become less of a national issue again.

Walter Shapiro writes in his column for [Roll Call](#) (9/20, 134K) that "[w]hatever happens with the [Graham-Cassidy] bill likely slated to reach the Senate floor next week, it is hard to escape the feeling that this wild charge will end badly for the Republicans." Shapiro argues that Senate Republicans' push for the bill demonstrates that they didn't learn any "lessons from the dramatic failure of the last Senate repeal effort."

Ron Meyer writes in his column in the [Washington Examiner](#) (9/20, 465K) that Sen. Rand Paul's (R-KY) position on the Affordable Care Act "demonstrates exactly why libertarians can't have nice things and why so few have advanced in national politics." Meyer argues that libertarians' "[a]bsolutism clouds their ability to solve problems and to make substantive impacts on policy."

Capri Cafaro, an Executive in Residence at American University's School of Public Affairs, writes in an opinion piece in the [Washington Examiner](#) (9/20, 465K) that the Graham-Cassidy bill would "block-grant funding to states to design their own health plans." Cafaro argues that the bill would pass "the buck to the states, literally and figuratively, to solve the healthcare conundrum."

In an opinion piece, the [Washington Examiner](#) (9/20, 465K) commentator Tom Rogan writes that the Graham-Cassidy bill "proves that big dreams can still thrive in the US Senate." Rogan argues that "it's inspiring that senators can, in such short order, rustle up major legislation that has a shot of becoming landmark law."

Rev. Jason Carson Wilson writes in an opinion piece in the [Huffington Post](#) (9/20, 5.74M) that the Graham-Cassidy bill would end "Medicaid as we know it." Wilson argues that Medicaid helps many people and that the Senate should reject the bill.



In an opinion piece for [Vox](#) (9/20, 1.54M), editor-in-chief Ezra Klein writes that the Graham-Cassidy bill “could have been the basis for a grand compromise on health care.” Klein argues that the bill could have allowed states to be “the laboratories of democracy” with healthcare, but the bill “doesn’t look anything like that.”

The [New Orleans Times-Picayune](#) (9/20, 710K) editorializes that Sen. Bill Cassidy (R-LA) says his bill would give states more flexibility concerning healthcare. The editorial argues that the bill would undermine states’ ability to do that by making federal funding for healthcare less stable.

Kathie Obradovich writes in her column in the [Des Moines \(IA\) Register](#) (9/20, 324K) that Iowa Gov. Kim Reynolds (R) has endorsed the Graham-Cassidy bill as “the only vehicle we have to address Obamacare, that’s failing.” Obradovich argues that the bill “is not the only vehicle to fix the federal health-care program,” and that “Iowa’s health-care ship may be in perilous waters, but it’s not sinking yet.”

Kyle Wingfield writes in his column in the [Atlanta Journal-Constitution](#) (9/20, 1.16M) that the Graham-Cassidy bill would give more power over healthcare to the states, and a recent poll found that more Americans are in favor of that compared to giving more power to the federal government or the private sector. Wingfield argues that “people have more confidence in their state governments to do the right thing by them when it comes to health care than either private companies or Washington.” Wingfield mentions that the bill would take away much of the discretionary power given to the Secretary of Health and Human Services by the Affordable Care Act.

Alex Lawson, the Executive Director of Social Security Works, writes in an opinion piece in the [Huffington Post](#) (9/20, 5.74M) that the fight to protect the Affordable Care Act and the fight to expand Medicare to all Americans “are one and the same.” Lawson argues that the Affordable Care Act reduced the number of uninsured Americans, which is worth fighting for, but that more action is needed to further reduce the uninsured rate.

In an opinion piece, [The Week](#) (9/20, 2.45M) contributor Scott Galupo writes that Republicans are “dazed and confused” about healthcare. Galupo argues that supporters of the Graham-Cassidy bill want the states to have more power over healthcare, but they don’t know what states would do with that power or how they could improve healthcare.

## **Opioid News:**

**OPIOID EPIDEMIC LEADING TO INCREASE IN NUMBER OF INFANTS, TODDLERS CONSUMING OPIOIDS.** The [New York Times](#) (9/20, Turkewitz, Subscription Publication, 13.56M) reports the opioid crisis is taking a toll on the health of Americans of all ages, even toddlers and infants who mistakenly consume opioids that were left within their reach; according to the CDC, 87 children died from opioid intoxication in 2015. Citing the prevalence of opioids as the central issue, ER physicians Dr. Jennifer Plumb said, “These kids aren’t making a choice because they are trying to get high on a substance. It’s that the pills are everywhere.” While emergency responders can try to revive children with the same overdose drug used on adults, Narcan, the increase in children being treated for opioid consumption is raising questions about the child’s home situation, and how they came into contact with opioids. According to the Times, “Sometimes officials charge caretakers with neglect or manslaughter.”

**DRUG BUST, STUDY ILLUSTRATE SEVERITY OF OPIOID CRISIS’ TOLL ON US HEALTH, LIFE EXPECTANCY.** In continuing coverage, the [Washington Post](#) (9/20, Swenson, Andrews, 10.38M) reports New York prosecutors announced a raid conducted in August found 140 pounds of fentanyl, which is enough of the opioid to kill roughly 32 million people. The bust illustrates the findings of a [study](#) published in The Journal of the American Medical Association: though average life expectancy in the US rose from 2000 to 2015, “the astounding rise in opioid-related deaths shaved 2.5 months off this improvement.” According to the researchers, “These findings suggest that preventing opioid-related poisoning deaths will be important to achieving more robust increases in life expectancy once again.”

**DUPAGE COUNTY, ILLINOIS TO RECEIVE \$390,000 TO FIGHT OPIOID EPIDEMIC.** The [AP](#) (9/20) reports that the DuPage County Health Department in suburban Chicago has been awarded \$390,000 by the US Department of Health and Human Services to train first responders on how to administer an antidote called Narcan to save the life of someone suffering from a heroin overdose. Illinois Sens. Dick Durbin (D) and Tammy Duckworth (D) announced the grant.

**OPIOID EPIDEMIC FORCING EMPLOYERS TO INSTITUTE POLICIES TO RESPOND TO EMPLOYEES WITH ADDICTIONS.** The [AP](#) (9/20, Rosenberg) reports the opioid crisis is forcing small business owners in communities hard hit by the crisis to “think about what they would do if they suspect an employee is abusing drugs or alcohol.” Attorney Shira Forman says many employers do not know to institute drug policies, or are uncomfortable doing so, until after it has become a problem among their workforce. According to the AP, “Having a policy in place doesn’t make it easier for a boss to confront a staffer they believe to have a drug or alcohol problem. ... But there can also be legal questions that must be considered before an owner broaches the topic.” The article cites figures from the National Institute on Drug Abuse finding that the number of opioid and heroin overdose deaths quadrupled between 1999 and 2015.

**OPINION: SOME EXPLOITING ACA TO PROFITEER FROM OPIOID EPIDEMIC.** Dave Aronberg writes for [TIME](#) (9/20, 5.85M) that the growing opioid epidemic “has been fueled in part by the manipulation of well-intended federal laws,” such as the Affordable Care Act and Mental Health Parity Act. Under new incentives, “unethical players within the recovery industry...have exploited federal law to foster a cycle of relapse, rather than recovery.” Aronberg says policymakers “should extend Medicare’s outcome-based reimbursement model to the world of private insurance payments for drug rehabilitation.”

**FORTY-ONE STATES INVESTIGATING PHARMA COMPANIES, DISTRIBUTORS OVER OPIOID CRISIS.** The [Daily Caller](#) (9/20, 521K) reports that forty-one state attorneys general “are investigating major pharmaceutical companies and their distributors over the worsening opioid crisis ravaging communities across the country.” They are “demanding answers from drug manufacturers detailing their medications and marketing practices as part of their efforts to determine what role pharmaceutical companies may have played in the current addiction epidemic.” Officials served subpoenas “to AmerisourceBergen, Cardinal Health and McKesson, seeking information on their distribution methods for opioid painkillers.”

[Bizwomen](#) (9/20, 839K) reports that Oregon “is taking a leadership role” in the investigation – Attorney General Ellen Rosenblum “announced today that Oregon will help lead a group of 41 Attorneys General who are seeking documents and information from prescription opioid makers.”

**ADVOCATES TELL KENTUCKY LEGISLATORS OPIOID CRISIS HAS CATASTROPHIC IMPACT.** The [AP](#) (9/20) reports Kentucky legislators in the joint House-Senate Health and Welfare Committee during a hearing on the state’s opioid crisis heard testimony from health officials and advocates who expressed deep concern about the issue’s growth across the state and the nation. Jennifer Hancock, president of the regional Volunteers of America-Louisville chapter, called the Kentucky opioid epidemic “a public health catastrophe,” while Van Ingram, executive director of the state office of drug control policy, explained that opioids such as fentanyl have plagued the state to the point that many emergency responders have begun to feel “opioid fatigue” from reviving people who have overdosed.

**CVS VOWS TO LIMIT OPIOID PRESCRIPTIONS UNDER PRESSURE TO ADDRESS EPIDEMIC.** [USA Today](#) (9/21, Bomey, 8.62M) reports CVS Health on Thursday will announce its initiatives to limit opioid prescriptions and increase funding for addiction programs after facing pressure from healthcare professionals and insurers. CVS Caremark, the prescription drug management unit, will lead the effort and plans to “instruct pharmacists to contact doctors when they encounter prescriptions that appear to offer more medication than would be deemed necessary for a patient’s recovery.” Competitor Walgreens has revealed similar plans for an adolescent education campaign warning about the use of opioids.

## Healthcare News:



### **STATES FACING SHORTFALL OF \$645 BILLION FOR PROMISED RETIREE HEALTH BENEFITS.**

On its front page, the [Wall Street Journal](#) (9/20, A1, Gillers, Subscription Publication, 6.45M) highlights the coming impact of new, widely followed accounting guidelines that apply to most state and local governments starting in fiscal 2018. The new Governmental Accounting Standards Board principles urge officials to record all healthcare liabilities on their balance sheets instead of pushing a portion of the debt to footnotes. The adjustments will show that U.S. states as a group have promised hundreds of billions more in retiree health benefits than they have saved. The shortfall amounts to \$645 billion, in addition to the \$1.1 trillion states need to pay for future pension benefits.

**HEALTHCARE IS A TOP CONCERN FOR MILLENNIALS, SURVEY SAYS.** The [Washington Post](#) (9/20, Scott, 10.38M) reports that according to the 2017 Millennial Impact Report, healthcare is among the top three issues that matter most to millennials. The survey interviewed more than 3,000 millennials about politics and social issues. The top issue overall was civil rights and racial discrimination, followed by healthcare and job creation tied for second. Healthcare ranked first among whites and millennials living in rural areas and the suburbs.

**PROTESTERS IMPLORE SEN. CASEY TO CUT FUNDING FOR PLANNED PARENTHOOD.** The [Pittsburgh Post-Gazette](#) (9/20, Potter, 516K) reports about three dozen anti-abortion activists protested in front of Sen. Bob Casey's (D-PA) office on Wednesday to lobby for him to discontinue funding for Planned Parenthood. One questioned how Casey "ran as a pro-life Democrat" but supports Planned Parenthood. Kristan Hawkins, President of Students for Life of America, worked with the organization to bring "a truckload of 328,000 baby socks" – each representing an abortion performed by Planned Parenthood last year – to the protest, saying that Casey "had the audacity to say in order to reduce abortions, you have to fund the nation's leading abortion vendor."

### **Human Services News:**

**TRUMP TO CONSIDER LOWERING NUMBER OF REFUGEES ALLOWED INTO US NEXT YEAR.** [AP](#) (9/21, Colvin) reports that officials say President Trump is considering a further reduction in the number of refugees allowed into the US. The Department of Homeland Security proposed late last week that the number be reduced from 50,000 to 40,000. The State Department formally recommended that the number be kept at 50,000, a number that is already the "lowest in modern American history." Agencies have until Wednesday to weigh in. In his speech to the United Nations Tuesday, Trump said, "We seek an approach to refugee resettlement that is designed to help these horribly treated people, and which enables their eventual return to their home countries to be part of the rebuilding process."

### **Food & Import Safety:**

**DEATH WISH COFFEE ISSUES RECALL FOR NITROGEN-INFUSED PRODUCT DUE TO BOTULISM RISK.** [McClatchy](#) (9/20, Gilmour, 67K) reports Death Wish Coffee this week issued a "precautionary" recall of its Nitro Cold Brew canned coffee after Cornell University scientists detected a "slight risk" of contamination by *Clostridium botulinum*, the lethal toxin that causes botulism. The FDA reports no cases of botulism have been reported, although consumers who purchased the product are encouraged to discard it or return it for a refund, and added that the risk stems from a packaging process that could allow botulin growth in low-acid products in containers with reduced oxygen levels. The company said FDA guidance on nitrogen-infused coffee is limited.

### **Medicare:**

**PAMA COULD THREATEN PATIENT ACCESS TO LIFESAVING TREATMENTS.** The [Baltimore Sun](#) (9/20, Cross, 706K) reports that healthcare policy is once again "poised to dominate the 2017 Congressional agenda." The article says that one healthcare conversation "has quietly continued" outside of the ACA debate, and it "involves regulatory changes that, if fully implemented, will forever transform the

way patients receive lifesaving clinical laboratory services.” New concerns have been raised that the Protecting Access to Medicare Act of 2014 (PAMA) “will result in drastic cuts in reimbursements. According to recent research, a 10 percent cut to the top 25 tests under PAMA could produce a \$400 million fee cut in 2018.” The CEO of a laboratory in Greensboro, North Carolina “wrote that PAMA will ‘threaten patient access, increasing the chances Medicare beneficiaries aren’t diagnosed or fail to receive lifesaving treatments.’”

## **Medicaid & CHIP:**

**UTAH STATE LAWMAKER TOUTS BILL ENHANCING MEDICAID COVERAGE OF IUDS.** The [Deseret \(UT\) News](#) (9/20, Lockhart, 381K) reports Utah state Rep. Ray Ward (R-Bountiful) proposed Wednesday to the Utah Legislature’s Health and Human Services Interim Committee that the legislature enact a bill that would allow Utahns with Medicaid to have an IUD placement covered while they are at the hospital to give birth. Ward said that Utah is one of only seven states that have not obtained a similar exception. The committee requested more information on the costs of the bill and Ward promised to reintroduce the measure in November after a “fiscal note” can be prepared.

## **Health & Medical News:**

**RESEARCHERS USE CRISPR TO REMOVE GENE NEEDED FOR HUMAN DEVELOPMENT.** [TIME](#) (9/20, Park, 5.85M) reports that researchers have used CRISPR “to remove a critical gene needed for human development in order to learn more about the earliest steps of how embryos form.”

The [NPR](#) (9/20, 2.4M) “Shots” blog reports that the scientists “used...CRISPR to disable a gene that produces a protein known as OCT4.” This “procedure was performed in 41 embryos donated by women undergoing treatment for infertility.” The researchers found that “more than 80 percent of the embryos with the disabled gene failed to develop into a blastocyst, a ball of 200 cells that is the stage when embryos are usually implanted into the womb during in vitro fertilization.” The [findings](#) were published in *Nature*.

[Reuters](#) (9/20, Kelland) reports that the “work comes on the heels of milestone science in the United States, where scientists said in July they had succeeded in altering the genes of a human embryo to correct a disease-causing mutation.” Also covering the story are [Science Magazine](#) (9/20, Vogel, 399K), [BBC News \(UK\)](#) (9/20, 1.61M), the [Independent \(UK\)](#) (9/20, Johnston, 1.73M), [The Guardian \(UK\)](#) (9/20, Devlin, 3.39M), and the [Telegraph \(UK\)](#) (9/20, Bodkin, 1.08M).

**YOGA MAY HELP IMPROVE SLEEP IN PATIENTS WITH CANCER, STUDY SUGGESTS.** [TIME](#) (9/20, MacMillan, 5.85M) reports that [research](#) published in the journal *Cancer* suggests yoga may help patients with cancer sleep better. Investigators found that “breast cancer patients in the study who practiced at home at least twice a week reported better sleep quality over time, compared to those who practiced less often or not at all.”

**BIG DONATION PROMOTING ALTERNATIVE THERAPIES AT CALIFORNIA MEDICAL SCHOOL CAUSES STIR.** [STAT](#) (9/20, McFarling, 43K) reports that billionaires Susan and Henry Samueli “drew a standing ovation and glowing coverage” this week after donating \$200 million “to the University of California, Irvine to launch a new health program dedicated to integrative medicine.” However, “for those who have been watching the steady creep of unproven therapies into mainstream medicine, the announcement didn’t go over quite as well.” Dr. Steven Novella, “a neurologist at Yale University and longtime critic of alternative therapies,” said that “this is ultimately a very bad thing. ... It’s putting emphasis and the imprimatur of a university on things that have been discarded as medical fraud for 50 years.”

**PROSECUTORS BECOMING “INCREASINGLY AGGRESSIVE” ON PRESCRIPTION FRAUD.** [STAT](#) (9/20, Thomas, 43K) reports physicians should be paying less attention to malpractice attorneys and more to state and federal prosecutors, who “work in conjunction with a huge array of investigative and



regulatory agencies enforcing the nation's health care fraud and abuse laws – which are both civil and criminal in scope." The article reports that as the opioid epidemic "continues to escalate, they are becoming increasingly aggressive."

**ADVOCACY GROUPS FAIL TO GET MOST COVETED TRIAL DATA ON GILEAD HEPATITIS C DRUGS.** [STAT](#) (9/20, Silverman, 43K) reports that after a two-year battle, "a pair of public health advocacy groups obtained sought-after clinical trial data from regulators for two hepatitis C treatments sold by Gilead Sciences (GILD)." However, they "failed to gain access to the most coveted information that would allow researchers to independently verify test results which were originally generated by the company."

**ALNYLAM PHARMACEUTICALS' RNAI DRUG PATISIRAN SUCCEEDS IN PHASE 3 STUDY TO TREAT RARE GENETIC DISEASE.** [Reuters](#) (9/20, Mathias) reports Alnylam Pharmaceuticals Inc.'s patisiran, a drug that uses RNA interference (RNAi) technology to treat a rare genetic disease, succeeded in "a key study." Patisiran treats hereditary ATTR (hATTR), and "is part of a new class of medicines that block disease-causing proteins."

[STAT](#) (9/20, Feuerstein, 43K) reports Alnylam plans to seek approval for patisiran in the US and EU. Alnylam CEO John Maraganore said the company is "proud to report the first ever positive Phase 3 results for an RNAi therapeutic."

[Fierce Biotech](#) (9/20, Taylor) reports that Alnylam has a partnership with Sanofi concerning the drug. [Forbes](#) (9/20, Herper, 5.11M) also covers the story.

**PFIZER FILES LAWSUIT CLAIMING J&J ENGAGED IN ANTICOMPETITIVE PRACTICES TO PROTECT RA DRUG INFLIXIMAB.** The [Wall Street Journal](#) (9/20, Rockoff, Subscription Publication, 6.45M) reports Pfizer filed a lawsuit against Johnson & Johnson claiming J&J engaged in anticompetitive practices to protect its drug Remicade [infliximab]. Pfizer claims that J&J used "exclusionary contracts" with healthcare professionals and insurers to block competition.

The [Washington Post](#) (9/20, Johnson, 10.38M) "Wonkblog" reports that Pfizer claims that J&J tried to "suppress" Pfizer's biosimilar version.

[USA Today](#) (9/20, Bomey, 8.62M) reports Pfizer claims J&J provided discounts to providers who agreed not to carry Pfizer's Inflectra (biosimilar infliximab), and that J&J also threatened insurers who approved Inflectra as an alternative to Remicade.

Also covering the story are [Reuters](#) (9/20, Humer), the [Financial Times](#) (9/20, Crow, Subscription Publication, 1.34M), [STAT](#) (9/20, Silverman, 43K), and [Fierce Pharma](#) (9/20, Sagonowsky).

**RADAVIRSEN PASSES SAFETY CLINICAL TRIAL, STUDY SUGGESTS.** The [San Diego Union-Tribune](#) (9/19, Fikes, 668K) reported radavirsen, an influenza drug, passed a safety clinical trial, "clearing the way for efficacy testing," according to a [study](#) published in the British Journal of Clinical Pharmacology. The article reports that if radavirsen is effective, it would be the first kind of flu drug "that alters how the genetic instructions coded in DNA are translated into proteins."

**SEXUAL HARASSMENT IN SCIENTIFIC COMMUNITY DRAWING GREATER ATTENTION.** [Chemical & Engineering News](#) (9/18, Wang, Widener, 25K) reports that "the culture that allows [sexual] harassment within male-dominated academic chemistry departments has been slow to change." However, "public harassment investigations into academic scientists" have brought "increased attention" to the problem "in the larger science community." In a 7,600-word story, the authors provide a variety of statistics about sexual harassment in the scientific community and tell "the stories of chemists who experienced [harassment]." The article also explores what some "chemists, universities, and associations...are doing about the issue."

**MODIFIED POLIO VIRUS EFFECTIVE AGAINST BRAIN TUMORS, RESEARCH SUGGESTS.** The

[Raleigh \(NC\) News & Observer](#) (9/20, Murawski, 381K) reports that Duke University scientists “said Wednesday they have produced compelling research” in support of immunotherapy using a modified polio virus “to attack brain cancer cells.” The [results](#) confirmed previous Duke research “in experimental trials with brain cancer patients” where “some patients...experienced dramatic shrinkage of brain tumors and remission.” The therapy, however, is still several years away from FDA approval and public availability, according to lead researcher Matthias Gromeier.

**AMERICAN HEART ASSOCIATION CEO VOICES SUPPORT FOR PUSH TO GIVE MOVIES WITH SMOKING “R” RATINGS.** The [Huffington Post](#) (9/20, Brown, Contributor, 5.74M) features commentary from American Heart Association CEO Nancy Brown in which she recounts the history of the movie industry highlighting and advertising smoking before detailing the decades-long effort from University of California, San Francisco Professor of Medicine Dr. Stanton Glantz, director of the Center for Tobacco Control Research and Education, to have the Motion Picture Association of America institute ‘R’ ratings for films featuring smoking. Brown writes, “A few weeks ago, my organization, the American Heart Association, and 16 other leading health and medical organizations sent a letter putting the six media companies behind the MPAA on the clock. We asked them to implement the R rating for movies depicting smoking by June 1, 2018.”

**CVS TO GRANT \$1.2M TO 126 COLLEGES TO HELP BAN SMOKING ON CAMPUS.** [CNN Money](#) (9/20, Isidore, 3.59M) reports CVS’ charitable foundation announced plans to give \$1.2 million in grant money to 126 colleges and universities to help the schools ban smoking on campus. According to CNN Money, “The money will go toward things as simple as no smoking signs to programs that help students, staff and faculty quit smoking. This is part of a five year, \$50 million initiative of the CVS Health Foundation launched in 2016 to create a tobacco-free generation.”

**E-CIGARETTES MAY INCREASE ADRENALINE IN THE HEART, STUDY SUGGESTS.** [Reuters](#) (9/20, Rapaport) reports that research suggests “smoking just one e-cigarette might expose users to enough nicotine to trigger an adrenaline surge in the heart that can contribute to high blood pressure and other health problems.” The [findings](#) were published in the Journal of the American Heart Association. Also covering the story is [Newsweek](#) (9/20, Borrelli, 991K).

**BENEFITS OF ROUX-EN-Y GASTRIC BYPASS FOUND TO PERSIST FOR 12 YEARS IN MOST PATIENTS.** [Reuters](#) (9/20, Emery) reports that “twelve years after” Roux-en-Y gastric bypass “surgery, the benefits persist in most patients, leading to long-term weight loss, less diabetes, lower blood pressure and fewer cholesterol problems.” The [findings](#) were published in the New England Journal of Medicine.

**EGG FREEZING MAY NOT DELAY START OF CHEMO FOR WOMEN WITH BREAST CANCER, STUDY SUGGESTS.** [Reuters](#) (9/20, Rapaport) reports that research suggests “women diagnosed with breast cancer who want to freeze their eggs and embryos before tumor treatment leads to infertility can do this without delaying the start of chemotherapy.” The [findings](#) were published in Human Reproduction.

**OFFICIALS CONFIRM PIGS AT MARYLAND COUNTY FAIR CARRY SWINE FLU.** The [AP](#) (9/20) reports pigs exhibited at a county fair in La Plata, Maryland, have been confirmed as carrying swine flu, officials said in a statement on Wednesday. They added that it is not yet known whether it is communicable to humans.

**SOME HEPATITIS STRAINS REMAIN UNADDRESSED DESPITE SPREAD OF VIRUS.** [NPR](#) (9/20, Shaikh-Lesko, 2.4M) reports on an often “overlooked” cluster of hepatitis viruses that a report from the Global Burden of Disease found kill 1.34 million people each year. Treatment for these often does not receive the same level of funding as does medical research for other diseases such as HIV because of “a lack of data about hepatitis as a cause of death.” The article says, “Two of the five hepatitis viruses are the main killers: hepatitis B is responsible for 815,000 yearly deaths and hepatitis C, 489,000, according to the Global Burden of Disease data.” The article also discusses the differences between the A, B, C, D, and E hepatitis strains as well as efforts to slow or stop their spread through vaccine development.

**SAN DIEGO OFFICIALS PREPARING FOR WHAT THEY BELIEVE MAY BE PROLONGED**



**HEPATITIS OUTBREAK.** The [CBS Evening News](#) (9/20, story 9, 1:55, Mason, 11.17M) correspondent Mireya Villarreal reported San Diego, California, is working to battle a hepatitis A outbreak by offering free vaccines and “bleaching down sidewalks and benches.” The city has organized “pop-up clinics” to administer the vaccines for an outbreak that San Diego chief medical officer Dr. Nick Yphantides predicted “could last for at least another six months.” He explained that addressing the outbreak requires more than “just saying, ‘Hey, get vaccinated,’” saying, “The nature of some of these members of this population are such that they are inaccessible, and, frankly, some of them have their reluctance in dealing with government.” Mayor Kevin Faulconer is quoted as saying the city will provide “more additional shelters to help get people off the street.”

**FLINT WATER CRISIS IMPACTED MICHIGAN WOMEN’S PREGNANCIES, STUDY SUGGESTS.** The [Detroit Free Press](#) (9/20, Matheny, 1.07M) reports a study conducted by health researchers and economists at Kansas University and West Virginia University found that data from Flint, Michigan, and the state show that the city had fewer pregnancies and a higher number of fetal deaths “during the period women and their unborn children were exposed to high levels of lead in their drinking water.” Between 2008 and 2015, “Fertility rates decreased by 12% among Flint women, and fetal death rates increased by 58%” after April 2014. After April 2014, the city switched its water supply to the Flint River without adding anti-corrosives to the water, leading to a spike in lead levels. The findings are published in a Kansas University [working paper](#).

**FLORIDA AGENCY SUSPENDS LICENSE OF NURSING HOME WHERE RESIDENTS DIED IN IRMA AFTERMATH.** The [Wall Street Journal](#) (9/20, Evans, Kamp, Subscription Publication, 6.45M) reports that on Wednesday, the Florida Agency for Health Care Administration suspended The Rehabilitation Center at Hollywood Hills’ license amid investigations into the deaths of eight residents after Hurricane Irma left the facility without power and air conditioning. The Florida AHCA wrote that the facility did not supply residents with adequate medical care because facility administrators neglected to call 911, although nursing home co-counsel Kirsten Ullman said staff monitored patients and that the allegations are untrue. The newest order follows two previous orders that terminated the home’s Medicaid eligibility and blocked it from admitting new patients.

The [AP](#) (9/20) reports the center is attempting to block the orders via lawsuit.

**RESIDENTS WHO DIED AT FLORIDA NURSING HOME HAD TEMPERATURES REACHING 109.9.** The [South Florida Sun Sentinel](#) (9/20, O’Matz, Hobbs, 530K) reports several residents of The Rehabilitation Center at Hollywood Hills who died at the facility in the wake of Hurricane Irma due to a lack of air conditioning “had body temperatures as high as 109.9” and had “suffered for three days at the Hollywood facility.” The facility recently had its license and Medicaid eligibility revoked.

**FLORIDA AGENCY FINDS NURSING HOME WHERE RESIDENTS DIED FAILED TO ACCURATELY RECORD VITAL SIGNS.** The [New York Times](#) (9/20, Yee, Fink, Subscription Publication, 13.56M) reports Florida’s Agency for Health Care Administration has found that the Rehabilitation Center at Hollywood Hills, where eight residents died following Hurricane Irma, “presents a danger to every person on its premises’ and must close after staff at the facility failed to call 911 for its overheated patients.” The nursing home was also “rebuked” for “entering normal vital signs, or mildly elevated temperatures, into the medical records of several residents after they had already been evacuated or, in one case, had already died.” The agency found that such entries were made “under dubious circumstances.”

**RIGID GENDER NORMS CAN BE ESTABLISHED IN CHILDREN BY AGE 10 OR 11, STUDY FINDS.** The [Atlanta Journal-Constitution](#) (9/20, Pirani, 1.16M) reports that “exposure to rigid gender norms can be established in children by age 10 or 11, norms that can lead to damaging consequences in adolescence and beyond,” researchers say. The [findings](#) (pdf), published online Sept. 20 in the Journal of Adolescent Health, include “nearly four years of data from interviews with children and their parents or guardians in Bolivia, Belgium, Burkina Faso, China, the Democratic Republic of Congo, Ecuador, Egypt, India, Kenya, Malawi, Nigeria, Scotland, South Africa, the United States and Vietnam.”

**OHIO HOUSE VOTES TO EXEMPT SALES OF PRESCRIPTION EYEWEAR FROM STATE AND**

**LOCAL TAXES.** The [Toledo \(OH\) Blade](#) (9/20, 187K) reports that on Sept. 20, the Ohio House “voted to exempt sales of prescription eyewear from state and local taxes.” The action comes “less than three months after Gov. John Kasich (R) vetoed a similar provision from the state budget.” The tax break “would not apply to non-prescription eyewear such as sunglasses or cosmetic-only contact lenses.” The measure has the support of “optometrists as well as Ohio manufacturers of prescription eyewear.”

**RELIGION, SPIRITUALITY CAN HELP PEOPLE COPE WITH MAJOR LIFE STRESSORS, INCLUDING SERIOUS MENTAL ILLNESS, APA SAYS.** The [Huffington Post](#) (9/20, Holmes, Shelburne, 5.74M) reports on that access to mental healthcare is poor in Alabama. In some instances, religion may help people deal with mental health issues. Studies indicate that “religion and spirituality can help people cope with major life stressors, including serious mental illness, according to the American Psychiatric Association.” Experts now “say that in particularly under-resourced communities, faith-based programs can be a successful supplement to medical care – and can even help treat spiritual people who might not otherwise seek medical attention.” APA President-elect Altha Stewart, MD, said, “There’s a wide base of faith and spiritual communities throughout the South, and for many people in those communities, seeking counseling from a faith leader is not uncommon as the first step.”

**AD/HD MAY ITSELF BE A SLEEP DISORDER, RESEARCHERS POSIT.** In “To Your Health,” the [Washington Post](#) (9/20, Cha, 10.38M) reports that researchers posit attention-deficit/hyperactivity disorder (AD/HD) “may itself be a sleep disorder.” Investigators examined circadian rhythms and found that “study subjects with AD/HD had levels of the hormone melatonin that rose 1.5 hours later in the night than those without AD/HD.” The Post does not mention how many people took part in the study. The article also references the work of “Karen Bonuck, a professor of family and social medicine at Albert Einstein College of Medicine in New York,” whose “recent work, funded by the National Institutes of Health, involved an education campaign targeted at teachers, parents and children that used teddy bears and the classic book ‘Good Night, Moon’ to encourage more sleep.”

**DOCTOR OFFERS PRAISE FOR PALLIATIVE CARE.** Dr. Danielle Ofri at the New York University School of Medicine writes in an op-ed for the [New York Times](#) (9/21, Ofri, Subscription Publication, 13.56M) on one patient’s family’s hesitance about hospice care, saying that “contrary to the assumption that hospice equals death, data show that early referral to hospice actually improves life expectancy.” Within weeks, the family was “singing its praises” while she and hospice nurses worked to “always maximizing comfort.” Ofri writes that “even for patients with end-stage cancer, the earlier they are referred to palliative care (care focused on patient comfort), the longer they usually live.”

**HEALTH INSURERS DENYING COVERAGE TO MANY ILLINOIS RESIDENTS FOR CERTAIN MENTAL HEALTH SERVICES, ADDICTION TREATMENTS.** The [Chicago Tribune](#) (9/20, Schencker, 1.98M) reports that a survey of psychiatrists, hospitals, and other healthcare professionals in Illinois reveals that health insurers, particularly “Medicare managed care organizations,” are “denying coverage to many Illinois residents for certain mental health services and addiction treatments.” The survey results were released in a report jointly released “by the Kennedy Forum Illinois, the Illinois Health and Hospital Association and the Illinois Association for Behavioral Health, among others.”

## National News:

**SOURCES: TRUMP “LEANING AGAINST” RE-CERTIFYING IRAN DEAL.** [NBC Nightly News](#) (9/20, story 8, 0:30, Holt, 16.61M) reported, “President Trump says he’s made up his mind about the Iran nuclear deal, but he’s not saying if the US will stay in the agreement.” However, four sources tell NBC News that Trump is “leaning against re-certifying Iran’s compliance with the deal.” On its website, [NBC News](#) (9/20, 3.46M) reports such a move would put “the decision of whether the US will withdraw from the accord in the hands of Congress, according to four sources – including one senior administration official.” NBC says that “such a move would come prior to an Oct. 15 deadline and would trigger a 60-day window for lawmakers to determine whether to reimpose sanctions.” Still, “several of the sources caution the president could change his mind over the next three weeks.”



On Wednesday, the [New York Times](#) (9/20, Baker, Sengupta, Subscription Publication, 13.56M) reports President Trump said that he has made a decision on the future of the Iran deal, “but declined to tell reporters what it was.” Speaking to reporters, Trump said, “I have decided,” repeating the phrase “three times.” Pressed by reporters, he added: “I’ll let you know. I’ll let you know.” The Times notes that while Trump has already certified Iran’s compliance twice, he “has made clear that he is reluctant to certify compliance a third time, citing destabilizing activities by Iran that are not directly covered by the agreement.”

The [Washington Times](#) (9/20, Boyer, 541K) and [Politico](#) (9/20, Nelson, 3.6M) also report briefly on Trump’s remarks, while [USA Today](#) (9/20, Jackson, 8.62M) says Iranian President Hassan Rouhani, in his remarks to the UN General Assembly on Wednesday, “said Trump is the one threatening to violate the agreement – and that the former New York businessman is making unfounded accusations.” Said Rouhani, “It will be a great pity if this agreement were to be destroyed by ‘rogue’ newcomers to the world of politics: the world will have lost a great opportunity.”

Another [USA Today](#) (9/20, Michaels, Dorell, 8.62M) report notes that Rouhani “did not mention Trump by name...but his remarks were clearly directed at the US president,” and the [AP](#) (9/20, Peltz, Lederer) too says the remarks were “clearly directed” at Trump. [Bloomberg News](#) (9/20, Foroohar, Nasser, 4.52M) says the Iranian leader “rejected any US-led effort to alter the 2015 nuclear agreement,” and the [Washington Post](#) (9/20, Morello, 10.38M) reports Rouhani “blasted” Trump for his “ignorant, absurd and hateful” speech before the General Assembly a day earlier.

The [AP](#) (9/20, Lee) says the “jabbing” between Trump and Rouhani “set the stage for a contentious meeting of the nuclear accord’s parties” on Wednesday on the sidelines of the General Assembly, including Secretary of State Tillerson and Iranian Foreign Minister Mohammad Javad Zarif. The AP says that “a year ago, such a get-together would have been considered routine,” but “in the current environment, it is anything but ordinary.”

The [Wall Street Journal](#) (9/20, Stokols, Schwartz, Peker, Subscription Publication, 6.45M) reports Tillerson said late Tuesday that the US would remain a part of the agreement only if it is modified to tighten restrictions on Iran’s nuclear program that loosen after the year 2025 under the deal. [Reuters](#) (9/20, Hafezi, Holland) reports that a “source familiar with the US discussions” said the Administration is “also considering ways to leave the agreement intact, sanction Iran for its missile tests and support for extremist groups, and then seek to strengthen the pact.”

The [Washington Times](#) (9/20, Persons, 541K) reports White House press secretary Sarah Sanders “hinted” Wednesday that Trump “might make changes to the Iran nuclear deal soon.” When asked what type of announcement Trump may be planning, Sanders told Fox News that “plans may change” for the current deal, and that Trump will take “actions” to “fix the mistakes of being part of that deal on the front end.” She did not, however, say when an announcement with his plans could be expected.

**“Sources” To Free Beacon: Tillerson, Haley “At Odds” Over Deal.** In what the [Washington Free Beacon](#) (9/20, Kredo, 158K) calls a “sign of the ongoing internal dissent over ending” the agreement, “multiple sources” told the Free Beacon that Tillerson and Ambassador Haley “have been at odds over the deal,” with Haley “privately expressing dismay with Tillerson over his continued efforts to preserve the nuclear agreement.” Tillerson and Haley “held a private powwow Wednesday with international leaders regarding the future of the nuclear deal, a sign of Haley’s vital role” in the issue.

After Wednesday’s meeting, the [Washington Examiner](#) (9/20, Morrongiello, 465K) reports Tillerson told reporters, “We had a very open and candid exchange with all of the parties to the agreement. We clearly have significant issues with the agreement.” He also confirmed that Trump has reached a decision on recertifying Iran’s compliance with the agreement, but “declined to disclose the details of it.”

**Paul Wants US To Stay In Agreement.** In an interview with [Politico](#) (9/20, Kim, 3.6M) Wednesday, Sen. Rand Paul, who opposed the nuclear deal with Iran two years ago, said he wants the US to stay in the agreement because he believes evidence shows that Iran has been complying with its terms. “Most of the

complaints about Iran don't have anything to do with the agreement. They complain about ballistic missiles and other things, but that's not part of the agreement," Paul told Politico. "I think while the agreement's not perfect, my main concern has always been compliance. But if they're complying with it, I think we should stay in it."

**Panetta Defends Deal, Rice Blasts Trump.** Former CIA Director Leon Panetta said on [CNN's Situation Room](#) (9/20, 1.02M) the concerns about the Iran nuclear deal are "understandable," but "the fact is we do have an agreement" that has "been effective at preventing Iran from developing a nuclear weapon," and "we have evidence that Iran has abided by that agreement." Panetta said that if Trump withdraws, "he has to think seriously about the fact that at some point down the road he will bear responsibility for Iran getting a nuclear weapon."

The [Daily Caller](#) (9/20, 521K) reports former national security advisor Susan Rice "didn't mince words" Wednesday when criticizing Trump's speech at the UN. Rice was "especially unhappy" with Trump's insistence that the Iran nuclear deal is a "one-sided deal" and "an embarrassment" to the US. Said Rice, "We could begin a process of dialogue on what comes next after the deal. But we can't do that when hurling threats, when threatening to walk out, when acting like a spoiled child at the dinner table."

**EU Official: Iran Deal "Working."** The [AP](#) (9/20) reports EU foreign policy chief Federica Mogherini said Wednesday that all parties to the Iran nuclear deal "agree that the accord is being implemented as planned and US complaints about other Iranian behavior should be discussed outside the context of the agreement." Speaking to reporters in New York, Mogherini said the deal "is working and is delivering for its purpose."

**Macron: If US Scraps Deal, World Could Face Another North Korea Crisis.** [USA Today](#) (9/20, Ullmann, 8.62M) reports French President Emmanuel Macron urged President Trump Wednesday "to stick with the Iran nuclear deal" because "what else do we have? We would be put in the North Korea situation." Macron told a group of editors and reporters in New York that without the current agreement, Tehran "would be able to rush ahead with a nuclear weapons program the way North Korean Leader Kim Jong Un is, creating a new international crisis."

**Media Analyses: Trump's Criticism Of Iran Deal Poses Problems For North Korea Strategy.** An [AP](#) (9/20, Pennington) analysis says Trump's threat "to obliterate North Korea left no doubt about his determination to stop the communist country's nuclear weapons buildup," and "his disparagement of the Iran nuclear deal in the same speech offered Pyongyang little hope of a negotiated solution." While Trump said, "It is time for North Korea to realize that the denuclearization is its only acceptable future," the AP says he "offered no path toward making that future a reality."

David Sanger similarly writes in a [New York Times](#) (9/20, Subscription Publication, 13.56M) analysis that the "dynamics" of the two cases "are entirely different, but they are also oddly interdependent. If Mr. Trump makes good on his threat to pull out of the 2015 nuclear agreement with Iran, how will he then convince the North Korean leader, Kim Jong-un, that America will honor the commitment to integrate North Korea into the world community if only it disarms – the demand Mr. Trump made from the podium of the United Nations."

**Security Firm: US Aviation, Energy Companies Targeted By Iranian Hackers.** [USA Today](#) (9/20, Weise, 8.62M) reports that a "suspected Iranian hacking group has been targeting aviation and energy companies in the United States, Saudi Arabia and South Korea since 2013," computer security company FireEye said in a report released Wednesday. The group "seems largely to have engaged in stealth spying to give Iranian military and corporate interests information about possible enemies and competition." However, the researchers also found "signs of links to malicious software called SHAPESHIFT capable of destroying data within a company's network." FireEye cautioned that it had "not directly observed the hackers carry out any destructive operations, but the capability appears to be present."

**CARSON: HARVEY, IRMA RECOVERIES WILL TAKE "YEARS."** HUD Secretary Carson told reporters



Wednesday that federal aid to communities impacted by hurricanes Harvey and Irma is weeks or months away “from starting to flow as the painstaking process of assessing damage to homes, businesses and infrastructure is far from finished,” [USA Today](#) (9/20, King, 8.62M) reports. Carson said, “What I’ve seen has really been a catastrophe, an unprecedented amount of damage from natural disasters which means we need an unprecedented response. ... Funding allocations are an overriding priority. We want to move the compensation into people’s hands as quickly as possible. But despite our best efforts, that of course will take some time.” Carson added, “HUD is in this for the long haul. ... We know that this is a recovery that’s going to take years – could be many years – and we’re prepared to be here for the long run.”

**RYAN EXPECTS MORE HURRICANE AID TO BE APPROVED IN OCTOBER.** [The Hill](#) (9/20, Marcos, 1.68M) reports in its “Floor Action” blog that House Speaker Ryan said Wednesday that Congress “will approve more emergency aid in October to help communities affected by recent hurricanes.” Speaking at a news conference in Florida during a tour of areas hit by Hurricane Irma, Ryan “said lawmakers are still waiting for official estimates of how much money will be needed before crafting another funding package.” Ryan said, “As we assess and we get more information from the administration, I’m sure that we’re going to do another what we call a ‘supplemental’ sometime in October once we have a full assessment of what is needed.” The [Miami Herald](#) (9/20, Smiley, 701K) quotes Ryan as saying, “What matters most is the Disaster [Relief] Fund at FEMA is full and it can respond. That’s why just a few weeks ago we made sure that the FEMA funds were there because the spend-down rate was accelerating very quickly as opposed to other hurricanes.”

**ALL OF PUERTO RICO WITHOUT POWER AS HURRICANE MARIA MAKES LANDFALL.** Hurricane Maria made landfall in Puerto Rico Wednesday causing extensive damage. All three network news broadcasts led with the story Wednesday evening and it garners heavy print coverage this morning. Much of the coverage focuses on the devastation in Puerto Rico, but damage to Dominica and the storm’s path towards the Dominican Republic and Turks and Caicos also garner coverage.

[NBC Nightly News](#) (9/20, lead story, 3:15, Holt, 16.61M) reported in its lead story that in Puerto Rico “hundreds of homes are damaged or destroyed, streets are flooded, and 100 percent of that US island is without power after Hurricane Maria slammed ashore with 155-mile-an-hour winds.” In its lead story, the [CBS Evening News](#) (9/20, lead story, 2:25, Mason, 11.17M) reported that Maria made landfall “as a Category 4 and touched off catastrophic flooding. The storm is moving away from Puerto Rico tonight, toward the Dominican Republic, and tomorrow, the Bahamas.” CBS (Begnaud) added that “despite the devastation, no deaths or injuries have been reported, so far.” Puerto Rico Gov. Ricardo Rossello “is telling people to stay calm, but he’s warning that the island is on the verge of losing communication.” Rossello “is asking for generators to be shipped from the mainland here to the island to help restore power as a dusk-to-dawn curfew has just gone into effect.”

[ABC World News Tonight](#) (9/20, lead story, 2:55, Oquendo, 14.63M) reported in its lead story that Puerto Rico’s emergency management director says “the entire island is destroyed.” Many homes on the island were “not built to withstand any hurricane, let alone a Category 4.” According to officials, “many areas will be uninhabitable for weeks, maybe even months.” Rossello said on [CNN’s Anderson Cooper 360](#) (9/20, 1.44M), “The damage is very extensive. It is nothing short of a major disaster. We have a lot of flooding, a lot of infrastructure damage. Our cell communications system is partially down. Our energy infrastructure is completely down.”

The [New York Times](#) (9/20, Subscription Publication, 13.56M) reports that while Rossello said “more than 500 shelters had been opened...he could not vouch for the storm-worthiness of all of those structures.” In what the [Wall Street Journal](#) (9/20, De Córdoba, De Avila, Subscription Publication, 6.45M) calls an apparent effort to prevent looting, Rossello announced via tweet that he is imposing a 6 p.m. to 6 a.m. curfew from Wednesday to Saturday. Rossello wrote, “I am making a call for calm, understanding and prudence during these difficult days for Puerto Rico.”

The [Los Angeles Times](#) (9/20, Hennessy-Fiske, Lee, 4.49M) reports that a statement from the White House said “that President Trump is continuing to monitor the situation and that he and First Lady Melania Trump ‘send their thoughts and prayers to all those in harm’s way.’” White House press secretary

Sarah Sanders said on [Fox News' Fox & Friends](#) (9/20, 1.76M), "FEMA Director Brock Long has been working alongside all the state and local officials really trying to make sure we put as many resources in place as possible. Thanks to technology we have a lot more leeway on the front end of a lot of these storms that are allowing us to preposition resources. The federal government is doing all we can to help people in both, you know, Puerto Rico, the US Virgin Islands and other surrounding islands as these storms are moving in."

The [Washington Post](#) (9/20, Schmidt, 10.38M) says recovery efforts "could be hampered by long-standing financial problems that led the territorial government to file for a form of bankruptcy in May." Puerto Rican Rep. Jennifer Gonzalez-Colon expressed a similar concern on [CNN's The Lead](#) (9/20, 1.13M), saying, "I spoke last night with Vice President Mike Pence and FEMA Director Brock Long and other members of cabinet regarding how are we going to put Puerto Rico back on track considering the financial situation Puerto Rico got in the recent years. And, thank God, Vice President Pence conveyed the message of the President of the United States and the whole government is going to be helping out the island. As a matter of fact, there are more than 400 rescue teams and federal employees from all over the nation waiting until it is safe to go outside and begin the search and rescue already on the island."

The [Washington Post](#) (9/20, Faiola, 10.38M) reports that a "direct hit" by Maria "caused massive damage to homes and buildings, washed out roads, upended water pipelines and left at least seven people dead" in Dominica. According to official estimates, "70 to 80 percent of Dominica's structures sustained storm damage, ranging from ripped-off roofs to near-total destruction." The Post adds that "intact public buildings were being converted into emergency shelters for scores of homeless residents."

[ABC World News Tonight](#) (9/20, story 2, 0:55, Muir, 14.63M) reported that Maria's center is currently about 75 miles east of the Dominican Republic. While it's a category two storm, it "may very well strengthen" as it heads to Turks and Caicos. Al Roker said on [NBC Nightly News](#) (9/20, story 3, 1:00, Holt, 16.61M) that the Dominican Republic will get "four to six feet of surge, 8 to 16 inches of rain." Turks and Caicos, meanwhile, "may be the next really big devastated area with 125 mph winds, a storm surge of nine to 12 feet and nine to 16 inches."

**SEWER SYSTEMS UNABLE TO HANDLE HURRICANES' RAIN, FLOODING.** The [Wall Street Journal](#) (9/20, King, Bauerlein, Subscription Publication, 6.45M) reports on the impact hurricanes Harvey and Irma had on aging sewer systems that were unable to handle the heavy rainfall and flooding. In Texas alone, Harvey destroyed two wastewater treatment facilities in Harris County and eight such facilities are still not operational in five counties including Harris .

**HUNDREDS SEEK AID AT EAST NAPLES RECOVERY ASSISTANCE CENTER.** The [Naples \(FL\) Daily News](#) (9/20, Riley, 142K) reports that Sen. Marco Rubio's office hosted a recovery assistance center in East Naples, Florida Wednesday to which "hundreds affected by Hurricane Irma's winds and storm surge flocked to...seek help from federal authorities, browse insurance options and load up on supplies." According to a FEMA spokeswoman, the center "functioned as a 'one-stop shop' for residents looking for financial assistance."

**BROWN CALLS FOR NATIONAL SYSTEM OF FIRST RESPONDER CACHES.** In an op-ed for [The Hill](#) (9/20, 1.68M), former FEMA Director Michael Brown writes that FEMA should expand its Task Force Equipment caches, which "are designed to provide first responders with medical, rescue, communications, technical support and logistics for teams to be self-sufficient up to 72 hours in a disaster zone." Expanding the "strategic thinking" behind the caches, he argues, "would not only speed up FEMA response (and as fast as FEMA is currently responding, every first responder wants to be able to respond even faster) but would reduce last-minute ramp ups from the private sector – which always cost a premium." Brown calls on Congress and FEMA to "outline a plan to create a nationwide system of first responder caches," which "should be fully funded, separate and apart from the Disaster Relief Fund."

**MEDIA ANALYSES: MUELLER'S LATEST STEPS INDICATE TRUMP HIMSELF UNDER SCRUTINY.** [ABC World News Tonight](#) (9/20, story 4, 2:10, Muir, 14.63M) reported on "new steps" by special counsel Robert Mueller "suggesting President Trump's own actions are now under scrutiny, including his firing of



FBI Director James Comey and the meeting with Russian officials in the Oval Office the very next day.” ABC’s Jonathan Karl: “Tonight, the clearest indication yet [that] Mueller is looking at the actions of President Trump himself.” The [CBS Evening News](#) (9/20, story 3, 2:20, Mason, 11.17M) reported, “Mueller has been bombarding the White House with requests for documents.”

The [AP](#) (9/20, Tucker) reports that Mueller’s office “has requested a large batch of documents from the White House and is expected to interview at least a half dozen current and former aides in the coming weeks.” A person familiar with the investigation said investigators “want information on, among other topics, a June 2016 meeting at Trump Tower that Donald Trump Jr. attended with a Russian lawyer and the administration’s response to it,” as well as “what White House officials including Trump knew about the Justice Department’s investigation” into ex-National Security Adviser Michael Flynn.

The [Washington Post](#) (9/20, Leonnig, Helderman, 10.38M) reports, “White House lawyers are now working to turn over internal documents that span 13 categories investigators for the special counsel have identified as critical to their probe.” [USA Today](#) (9/20, Jackson, Johnson, Heath, 8.62M) reports that officials speaking under condition of anonymity said that the White House “has been cooperating with Mueller’s requests for the past several weeks, in part to avoid subpoenas for individual testimony. The officials said they were not sure when the White House would finish turning over documents.”

The [New York Times](#) (9/20, Schmidt, Subscription Publication, 13.56M) says that the “document requests provide the most details to date about the breadth of Mr. Mueller’s investigation, and show that several aspects of his inquiry are focused squarely on Mr. Trump’s behavior in the White House.” However, the [Los Angeles Times](#) (9/20, Bierman, 4.49M) reports that John Dowd, an attorney for the President, said, “There’s nothing remarkable or unusual about his requests. ... It’s not like something’s about to happen. It’s just a routine inquiry by Bob [Mueller].”

David Gergen said on [CNN’s Anderson Cooper 360](#) (9/20, 1.38M), “As soon as I heard there were 13 different categories in which Mueller was asking for information or demanding information from the White House, you immediately thought this probe has widened way beyond what we or understood and it has clearly deepened.” Gergen added, “I think this deepens the sense that they’re doing everything they can to see what evidence there is of obstruction of justice.”

**Grassley: Senate Preparing Subpoenas For Two Top FBI Officials.** [CNN](#) (9/20, Herb, Raju, 33.59M) reports on its website that Senate Judiciary Chairman Charles Grassley said Tuesday that the Senate legal counsel “is preparing subpoenas for two senior FBI officials the Justice Department is preventing the committee from interviewing.” Grassley and ranking member Sen. Dianne Feinstein “have repeatedly asked the two senior FBI officials – Carl Ghattas and James Rybicki – to sit down for a transcribed interview to discuss the Comey firing.”

**Manafort Offered “Private Briefings” On Campaign To Russian Billionaire.** The [Washington Post](#) (9/20, Hamburger, Helderman, Leonnig, Entous, 10.38M) reports that “less than two weeks before Donald Trump accepted the Republican presidential nomination,” then-campaign chairman Paul Manafort “offered to provide briefings on the race” to Oleg Deripaska, “a Russian billionaire closely aligned with the Kremlin.” In a July 7, 2016 email, Manafort wrote, “If he needs private briefings we can accommodate.” The emails “are among tens of thousands of documents that have been turned over” to Mueller and to congressional investigators. The Post says that the documents show no evidence “that Deripaska received Manafort’s offer or that any briefings took place.”

Leon Panetta said on [CNN’s Situation Room](#) (9/20, 1.02M) that the fact Manafort “would offer a briefing on a political campaign to a Russian billionaire, someone obviously related to an adversary of the United States, raises some serious questions about just how much effort was made to try to get the Russians to participate in this last election campaign.” But on the [CBS Evening News](#) (9/20, story 3, 2:20, Mason, 11.17M), Jeff Pegues reported, “Manafort’s attorney did not deny the authenticity of the email but called the message ‘innocuous,’ and said, ‘It’s no secret Mr. Manafort was owed money by past clients,’ implying it was an attempt to collect.”

Ben Domenech of [The Federalist](#) (9/20, 88K) offers “13 Questions About The Wiretapping Of Paul Manafort,” dealing with why Manafort was wiretapped, when the surveillance took place, and if the wiretap covered Trump Tower. Former CIA case officer Phil Giraldo asks at the [Daily Caller](#) (9/20, 521K), “Will anyone running for high office in the future want to be confronted by executive power acting secretly through the law enforcement and intelligence services to discredit him or her as well as a large and widening group of family and associates? ... Manafort, who has fully cooperated with the multiple investigations being conducted around Russiagate, is innocent until proven guilty.”

**Manafort Used Trump Campaign Email To Contact “Ukrainian Political Operative.”** [Politico](#) (9/20, Dawsey, 3.6M) reports that Manafort “used his presidential campaign email account to correspond with a Ukrainian political operative with suspected Russian ties, according to people familiar with the correspondence.” In emails to Konstantin Kilimnik, Manafort sought “repayment for previous work he did in Ukraine” and proposed discussing “potential new opportunities in the country.”

**Clapper: “It’s Possible” That Wiretap Picked Up Trump.** The [Washington Examiner](#) (9/20, Chaitin, 465K) reports, “Former Director of National Intelligence James Clapper suggested on Wednesday that ‘it’s possible’ that President Trump’s voice was picked up in a wiretap” as he spoke with Manafort. Clapper said on CNN, “It’s certainly conceivable. ... I wouldn’t want to go there, but I will say it’s possible.”

**Facebook Facing Increasing Scrutiny Over Russia’s Attempts At Influence.** [Bloomberg News](#) (9/20, Litvan, 4.52M) reports that Facebook “is facing growing pressure from Congress over Russia’s use of social media” to influence the 2016 election. In a Wednesday letter to the Federal Election Commission, Sens. Martin Heinrich and Ron Wyden, and Reps. John Conyers (D-MI), Elijah Cummings (D-MD), and John Sarbanes (D-MD) wrote, “We must address the threat posed by foreign citizens, companies, or organizations who aim to interfere with our political process.” Sarbanes is seeking “new rules requiring disclosure for political ads on social media outlets...so they are as transparent as broadcast ads.”

Senate Intelligence Vice Chairman Mark Warner said on [CNN’s The Lead](#) (9/20, 1.13M) that “the level of some of the sophistication on the social media side and the level of targeting really leaves me with a lot of questions we are going to want Facebook to answer in public.”

**Media Matters: Drudge Report Has Become “Pipeline For Russian Propaganda.”** Matt Gertz of [Media Matters](#) (9/20, 61K) writes about “How Matt Drudge Became The Pipeline For Russian Propaganda,” stating that Drudge “has for years used his site as a web traffic pipeline for Russian propaganda sites, directing his massive audience to nearly 400 stories from RT.com and fellow Russian-government-run English-language news sites SputnikNews.com and TASS.com since the beginning of 2012.” The [Daily Caller](#) (9/20, 521K) covers the Media Matters piece under the headline “Pro-Clinton Group Tries To Link Drudge Report,” writing, “Despite the...bombastic claims,” the Media Matters study “lacks context about how The Drudge Report operates. ... Drudge typically removes and adds links throughout the day, linking to hundreds of websites on any given day.”

**Dershowitz Says It Is Hard To Say If President Can Expect AG’s Loyalty.** Alan Dershowitz writes in the [Washington Examiner](#) (9/20, 465K) that it is hard to say whether a president can expect loyalty from an attorney general, since under the US system, the AG serves both as “an advisor to the chief executive” and as “chief prosecutor.” Dershowitz says “the system should be changed,” but that there is “no perfect cure for the mistake made by our founders in merging the two incompatible goals of the current attorney general: that of political advisor to the president; and that of independent chief prosecutor.”

**JUDGE MOVES TOWARD GRANTING US REQUEST FOR INFORMATION ON INAUGURAL PROTEST WEBSITE.** [Politico](#) (9/20, Gerstein, 3.6M) reported that District of Columbia Superior Court Chief Judge Robert Morin “is pressing forward with plans to allow enforcement of a search warrant against a website used to organize protests against President Donald Trump’s inauguration,” but insists “that prosecutors won’t be able to see messages and other information that demonstrators exchanged on the Disruptj20 site until he determines that every such communication is related to the ongoing investigation and prosecution of alleged rioting in downtown Washington on the same day Trump was



sworn in. 'You have the right to have the warrant executed,' Morin told Assistant US Attorney John Borchert during a hearing Wednesday afternoon on the dispute between the government and DreamHost – the internet firm that hosted the site." Morin added, however, "Until the court has ruled...the court is not allowing the government to inspect either [email senders'] identity or their communications."

**BHARARA SAYS TRUMP WOULD HAVE ASKED HIM TO DO "SOMETHING INAPPROPRIATE."** [USA Today](#) (9/20, McCoy, 8.62M) reports former federal prosecutor Preet Bharara said Wednesday he believes President Trump "eventually would have asked him to do 'something inappropriate'" if Trump hadn't fired him. During his weekly "Stay Tuned with Preet" podcast, Bharara "described a series of unusual interactions with Trump" during his time as US attorney, and said the interactions "were so unprecedented he considered but decided against recording a conversation with the president that ultimately never took place."

**Bharara To Join CNN.** The [New York Times](#) (9/20, Grynbaum, Kelly, Subscription Publication, 13.56M) reports CNN announced Tuesday that Bharara will join the network as a senior legal analyst, "meaning he will be a frequent presence on the network's programming." The Times observes the arrangement "will offer a national forum for" Bharara's "at-times blistering critiques of the Trump administration."

**TRUMP TO AWARD MEDAL OF HONOR TO ARMY MEDIC FOR VALOR IN LAOS.** The White House said Wednesday that President Trump will recognize former Army medic Gary Rose, who "dol[ed] out doses of morphine to keep the walking wounded moving to avoid capture" behind enemy lines in the jungles of Laos, in 1970, with the Medal of Honor, [USA Today](#) (9/20, Brook, Korte, 8.62M) reports. Noting that Laos was "officially off limits for combat," USA Today says the White House, "in announcing the medal, said the award was 'for conspicuous gallantry during the Vietnam War,' obscuring the location of that gallantry as somewhere 'deep in enemy-controlled territory.'" USA Today describes the battle and the controversy surrounding it, highlighting reports from CNN and Time in 1988 that "Rose and the soldiers involved in Operation Tailwind had been sent to Laos to capture American defectors, had used deadly Sarin nerve gas in their attack and had killed innocent civilians." CNN ultimately "retracted the story, acknowledging that its account was fundamentally wrong."

**EPA PULLS AGENTS OFF INVESTIGATIONS TO PROVIDE SECURITY FOR PRUITT.** The [Washington Post](#) (9/20, Eilperin, Dennis, 10.38M) reports that EPA Administrator Pruitt's "round-the-clock personal security detail...demands triple the manpower of his predecessors" and "has prompted officials to rotate in special agents from around the country who otherwise would be investigating environmental crimes." The situation "has rankled some employees and outside critics, who note that the EPA's criminal enforcement efforts already are understaffed and that the Trump administration has proposed further cuts to the division."

**FOURTEEN STATES SAY THEY WILL MEET PARIS AGREEMENT GOALS WITHOUT TRUMP.** The [Washington Times](#) (9/20, Richardson, 541K) reports that an alliance of 14 states known as the US Climate Alliance "said Wednesday they are on track to meet their share of the Paris climate agreement despite President Trump's decision to withdraw." The 14 governors – 13 Democrats and one Republican – "released a report showing that their states will be able to reduce emissions by 24 to 29 percent below 2005 levels by 2025, which would 'fulfill their contribution to the Paris Agreement targets.'" The Times says the 14 states "represent 41 percent of the US gross domestic product, which would make them the third-largest economy in the world if they broke off and formed a separate nation."

**NYTimes Analysis: De Blasio Not Following His Own Advice On Climate Policy.** In an analysis, the [New York Times](#) (9/20, Neuman, Subscription Publication, 13.56M) reports that Mayor Bill de Blasio may not be "following his own advice" on energy efficiency standards in buildings, according to city records that show de Blasio seemingly failed to meet such standards in two small buildings he owns in Brooklyn. New York's Buildings Department database showed one building had a natural gas-fueled boiler and hot water heater, neither appearing to have Energy Star certification, and the other building had "no permits...issued for a boiler replacement, so it is likely the building has an older and potentially less energy-efficient unit."

**FED LEAVES RATES UNCHANGED, SAYS IT WILL REDUCE ITS BOND HOLDINGS.** The Federal Reserve on Wednesday said the US economy is “finally sturdy enough...to withdraw the extraordinary support it has provided it since the depths of the recession and financial crisis,” [USA Today](#) (9/20, Davidson, 8.62M) reports. In a move [USA Today](#) said could “nudge consumer borrowing costs higher,” the Fed agreed “to begin gradually shedding much of the roughly \$3.5 trillion in bonds it snapped up during and after the downturn to lower long-term interest rates.” Fed Chair Yellen told a news conference, “We’re working down our balance sheet because we think in some sense it’s no longer needed. ... We feel the US economy is performing well.” The [Wall Street Journal](#) (9/20, Timiraos, Subscription Publication, 6.45M) says the Fed has been signaling the move for months. In an editorial, the [Wall Street Journal](#) (9/20, Subscription Publication, 6.45M) says it supports the Fed’s decision to reduce its bond holdings, but adds that it should have begun sooner and should be happening faster.

The [New York Times](#) (9/20, Appelbaum, Subscription Publication, 13.56M) says the Fed “left its benchmark interest rate unchanged.” While “most Fed officials predicted in a new round of economic forecasts that the Fed would increase rates later this year,” officials “once again reduced their expectations for future rate hikes.” The median prediction now holds that “the benchmark rate will stabilize at 2.8 percent, down from a median estimate of 3 percent in June.”

**Economists Blame “Start-Up Slump” For Slow Economic Expansion.** The [New York Times](#) (9/20, Casselman, Subscription Publication, 13.56M) reports that economists say the “tame” economic expansion since the recession is due, in part, to “a start-up slump – a decline in the creation of new businesses – and a growing understanding of what’s behind it.” According to the Census Bureau, “414,000 businesses were formed in 2015.” While that is “a slight increase from the previous year,” it is “well below the 558,000 companies given birth in 2006, the year before the recession set in.” Many economists attribute the slump to “the rising power of the biggest corporations, which they argue is stifling entrepreneurship by making it easier for incumbent businesses to swat away challengers – or else to swallow them before they become a serious threat.”

**GOVERNMENT WORKERS TO APPEAL JUDGE’S RULING ON OPM DATA BREACH LAWSUIT.** The [Washington Times](#) (9/20, Swoyer, 541K) reports that government employees say they will appeal Tuesday’s ruling from US District Judge Amy Berman Jackson that “they can’t sue for damages from the 2015 Office of Personnel Management data breach.” Berman ruled that they “couldn’t show the data stolen – including financial, health and other very personal data from some 22 million personnel files – has been used by the hackers.” The National Treasury Employees Union filed notice Tuesday that it will appeal the ruling and the American Federation of Government Employees National “said it’s considering its next steps.”

**SEC SAYS ITS COMPUTER SYSTEM WAS HACKED LAST YEAR.** The [New York Times](#) (9/20, Tejada, Subscription Publication, 13.56M) reports the Securities and Exchange Commission said in a statement Wednesday “that its computer system had been hacked last year, giving the attackers private information that could have been exploited for trading.” The SEC said it was investigating the breach and said the security vulnerability the hackers exploited had been patched shortly after it was discovered. The commission “said it did not believe that the breach had involved personal information or that it would jeopardize the commission’s activities.”

**NYTIMES ANALYSIS: FACEBOOK, GOOGLE FACING INCREASED RESISTANCE FROM WASHINGTON.** The [New York Times](#) (9/20, Kang, Subscription Publication, 13.56M) reports that Facebook and Google “were hoping to reach a compromise” this week with Congress over a new bill that would hold companies accountable for hosting sex trafficking on their websites – “an acknowledgment,” the Times observes, “that they could not stop the bill entirely because of strong political headwinds.” Both companies had argued that although they worked hard to combat sex trafficking, they also argued that the Stop Enabling Sex Traffickers Act “jeopardizes bedrock principles of a free and open internet.” The Times adds the companies’ shifting position from opposition to compromise “illustrates the changing political reality in Washington” in which technology companies face increased criticism from both Democratic and Republican lawmakers.



***In Wake Of “Fail” Over Ads Directed At Racists, Facebook Making Changes.*** The [New York Times](#) (9/20, Maheshwari, Isaac, Subscription Publication, 13.56M) reports that in response “to evidence that its tools had allowed ads to be directed at users who used racist comments or hate speech in their profiles,” Facebook COO Sheryl Sandberg “said Wednesday that it would change how ads can be targeted. That its ad-targeting tools could be used in such a way was ‘a fail’ for the company,” she “said in a post,” adding “that Facebook would add ‘more human review and oversight’ to its automated systems to prevent further misuse.” In addition, Sandberg “said the company would do more to ensure that offensive content – including that which attacks people for their race or religion – could not be used to target ads.” Her post “came after a report from ProPublica last week revealed that Facebook’s online ad tools had allowed advertisers to target self-described ‘Jew haters’ or people who had used terms like ‘how to burn Jews.’”

***POLL: MOORE LEADS STRANGE 53%-47% IN GOP PRIMARY RUNOFF.*** On its website, [WBRC-TV](#) Birmingham, AL (9/19, Journey, 23K) reports that a Raycom News Network-Strategy Research Poll of 2,930 likely Alabama Republican voters, taken Sept. 18, shows ex-Supreme Court Justice Roy Moore leading appointed Sen. Luther Strange 53%-47% in the Sept. 26 GOP primary runoff in the special election for the former seat of Attorney General Sessions.

***White House, GOP Establishment Mounting Full Court Press To Boost Strange In Runoff.*** [USA Today](#) (9/20, Berry, 8.62M) reports that national Republicans are “sending money and even manpower to” Alabama for the GOP contest, which “is dividing the party between the conservatives and the even-more-conservatives.” USA Today says President Trump is slated to stump for Strange “in Huntsville on Friday, and Vice President Pence is” scheduled to campaign for the incumbent “in Birmingham on Monday. ‘I am supporting ‘Big’ Luther Strange because he was so loyal & helpful to me!’ Trump [tweeted](#) Wednesday.” Senate Majority Leader McConnell and a super PAC run by his allies are also backing Strange. Meanwhile Sarah Palin “is expected to stump Thursday in Montgomery for...Moore.”

[The Hill](#) (9/20, Shelbourne, 1.68M) reported that in a later [tweet](#) on Wednesday, Trump said, “Alabama is sooo lucky to have a candidate like ‘Big’ Luther Strange. Smart, tough on crime, borders & trade, loves Vets & Military. Tuesday!” In an earlier report, [The Hill](#) (9/20, Bowden, 1.68M) highlighted the President’s first Wednesday tweet expressing support for Strange, and added, “In backing Strange, Trump finds himself on the opposite side of former White House strategist Steve Bannon and other conservatives who have thrown their weight behind Moore.”

Indeed, in a piece titled “Alabama’s Senate Runoff Is The First Battle In The Trump-Bannon Cold War,” David Catanese writes for [US News & World Report](#) (9/20, 1.73M), “It just so happens that the Strange-Moore” contest “is now set up to be the first proxy battle in the cold war between Trump and the ousted Bannon.” Catanese says that Breitbart, now back under Bannon’s guidance, has been posting a number of stories about the runoff – pieces approving of Moore and critical of Strange. Catanese quotes a Bannon “confidante” as saying, “Alabama sent Donald Trump to the White House. It all started in Alabama when Jeff Sessions joined Donald Trump at a rally in Mobile in 2015 and said, ‘Welcome to my hometown.’ Now Alabama has a chance to send a wake-up call back to Washington and say to President Trump, ‘It’s time to right the ship.’”

***Breitbart Highlights Strange’s “Flip Flop” On Filibuster Rules.*** Under the headline “Donald Trump Praises ‘Loyal’ Luther Strange Despite Filibuster Flip Flop,” [Breitbart](#) (9/20, Spierling, 2.42M) reported on Trump’s first Wednesday tweet praising Strange, then added that “despite Strange’s support for most of Trump’s agenda, he struggled with the president’s desire to kill the 60-vote threshold for the Senate filibuster. In April, Strange signed a letter with senators” urging McConnell and Senate Minority Leader Schumer “to keep the existing Senate tradition of a 60-vote threshold. After struggling in the first round of primary voting, Strange flipped his position, sending a letter to change the filibuster rule.”

***Moore In New Ad: “The Republican Establishment Has Failed Us.”*** [The Hill](#) (9/20, Greenwood, 1.68M) reported that Moore is launching a statewide ad, in which he “pushes back on ‘false negative ads’ targeting him and vows to work to repeal the Affordable Care Act, support construction of...Trump’s proposed border wall and abolish the Internal Revenue Service.” In the spot, Moore says, “The Republican establishment has failed us,” adding, “I’ve fought for this country in Vietnam, I fought against

liberal judges in the courtroom and I'll fight for you in the United States Senate, so help me God." The ad also highlights Moore's "endorsements from former Alaska Gov. Sarah Palin, actor Chuck Norris and 'Duck Dynasty' star Phil Robertson."

**Strange's Stake In Firm That Profits From EB-5 Program Draws Scrutiny.** [Breitbart](#) (9/20, Mason, 2.42M) reported on "reports Strange is a major stakeholder in a firm that profits from the issuance of visas to rich, mostly Chinese, foreign investors. Reports rolled in Tuesday of Strange's one-sixth ownership in Sunbelt EB-5 Regional Center, LLC, a firm that solicits big money foreign investors to put \$500,000 to \$1 million dollars into projects in the American Southeast in exchange for 'golden visas.'" In a statement to a local TV station, the Strange camp said, "Luther agrees with the Trump administration that there are serious concerns over the EB-5 visa program, which is not being used as originally intended. It's time for Congress to get to work on these issues." Breitbart added, "Despite these 'serious concerns,' Strange has made no indication he is seeking to sell his ownership of the Sunbelt EB-5 firm."

Under the headline "Luther Strange Owns Stake In Company Brokering Green Cards For Wealthy Foreigners," the [Daily Caller](#) (9/20, Racke, 521K) reported that "Strange has touted his credentials as an immigration hawk, enthusiastically backing...Trump's tough immigration enforcement policies." Even so, Strange's "involvement with a company that brokers applications for a controversial visa program opens the door for opponents to question his intentions for immigration policy in Congress."

**Austin Barbour Offers Advice To Moore, Strange Camps.** In a piece for [Politico Magazine](#) (9/20, Barbour, 3.55M), Austin Barbour, a partner in Strategic Partners & Media, a GOP media firm, says that both Moore and Strange "have plausible paths to victory" and goes on to outline "what they need to do to win." For example, Barbour says that the Strange camp "has to find new voters," and suggests that the candidate "look for people who might be swayed by...Trump's endorsement but who didn't vote in the primary's first round." Barbour's advice for Moore's camp is: "Keep your base motivated, turn them out in the most organized way you can muster, stay hungry and keep working hard."

**Biden To Stump For Jones In Birmingham On Oct 3.** Meanwhile, the [AP](#) (9/20) reports that ex-Vice President Joe Biden "will come to Alabama next month to campaign for" the Democratic nominee in the special election, former US Attorney Doug Jones. Biden "will headline an Oct. 3 rally in Birmingham." Jones "is perhaps best known for prosecuting Ku Klux Klansmen responsible for killing four young girls in the 1963 bombing of a Birmingham church."

**PENCE SLATED TO HOLD FUNDRAISING EVENT IN MILWAUKEE ON SEPTEMBER 28.** The [AP](#) (9/20) reports that Vice President Pence is slated to hold a fundraising "event on Sept. 28 at an undisclosed location in Milwaukee. An invitation for the event" says it will "benefit the Trump Victory fund, a joint fundraising committee for President Donald Trump's campaign and the Republican National Committee. It costs \$2,700 per person to attend and \$10,000 to get a photo with Pence. A private dinner with Pence costs \$35,000 per couple and it's \$70,000 to be a part of the host committee."

**CHC PAC "SPENDING BIG ON RESORTS, RESTAURANTS, AND NIGHTCLUBS" IN LAS VEGAS.** The [Washington Free Beacon](#) (9/20, Schoffstall, 158K) reported that the Congressional Hispanic Caucus BOLD PAC, the fundraising arm of the CHC, "is spending big on resorts, restaurants, and nightclubs this year, mainly in Las Vegas, Federal Election Commission filings show." This year, the PAC "has pulled in \$4.4 million in contributions – including more than \$2 million in the first" quarter – "and spent \$2.2 million. As the CHC PAC was in the midst of its massive fundraising haul, they were spending extravagantly on luxury hotels in Las Vegas while paying hundreds of thousands to consultants." As one of several example, the Free Beacon said the group "reported spending \$6,000 at Aria Resort and Casino while making two separate payments totaling \$19,649.12 for catering at Caesar's Palace in February."

**PROSECUTORS ALLEGE MENENDEZ "CONCEALED GIFTS" HE RECEIVED FROM MELGEN.** The [AP](#) (9/20, Porter) reports that on Wednesday at the federal corruption trial of Sen. Bob Menendez and his longtime friend and donor Salomon Melgen, jurors heard testimony that Menendez "didn't report free flights and a luxury hotel stay paid for by" Melgen "on Senate disclosure forms over a span of several years." The jury was shown "a clip of a CNN interview Menendez gave in early 2013," in which he



discussed “his reimbursement of about \$58,000 to Melgen for some of the flights he took a few years earlier. The delay in reimbursement was because the flights ‘unfortunately fell through the cracks’ during a time when he was busy with travel on behalf of Senate Democrats and for his own campaign, he” said.

[Politico](#) (9/20, Friedman, 3.6M) reported that prosecutors “zeroed in on the charge legal experts say...Menendez may be most vulnerable: He concealed gifts he received from...Melgen.” Along with the CNN interview, prosecutors “also showed a January 2013 press release from Menendez’s office that said the Democratic senator ‘has traveled on Dr. Melgen’s plane on three occasions, all of which have been paid for and reported appropriately.’” However, “prosecutors showed a chart with many more flights Menendez had taken on Melgen’s private jet, and other travel Menendez undertook that was paid for by Melgen.” Politico added, “Legal experts have said the charge that Menendez concealed his gifts from Melgen – just one of 14 charges in the indictment – is the easiest for prosecutors to prove.”

The [Washington Post](#) (9/20, Maimon, 10.38M) reports, “With FBI agent Alan Mohl on the stand on Wednesday, prosecutor Monique Abrishami discussed Senate financial disclosure forms showing that Menendez didn’t list a single gift from Melgen. Menendez attorney Abbe Lowell countered by asking Mohl to read portions of the forms related to knowingly falsifying information and disclosure exemption rules.” Lowell “said prosecutors and the FBI had an extensive amount of time and resources to reconstruct Menendez’s travels over the years and questioned why the government wasn’t talking about Menendez’s trips to Melgen’s home in the Dominican Republic in the late 1990s and early 2000s. Mohl said the FBI didn’t look at travel records going back that far because Melgen didn’t own a private jet until later in the 2000s.”

**Prosecution, Defense Wrangle Over Definition Of “Constituent.”** The [New York Times](#) (9/20, Corasaniti, Subscription Publication, 13.56M) reports that the US “Constitution does not specifically designate whom Mr. Menendez can legally count as a constituent, nor has the Supreme Court or any court for that matter offered a ruling defining who, exactly, is a constituent of a United States senator. That ambiguity has injected some intrigue into the” trial, “with both the defense and prosecution debating the meaning of constituent.” Prosecutors “argued in a brief filed on Tuesday that ‘the straightforward answer is that Senator Menendez’s constituents are the New Jerseyans that he was elected to represent in the United States Senate.’” The defense, however, claims “the term was significantly amorphous and that wrestling with its meaning was ‘not a legal question for the court to answer’ but rather one for the jury to determine, ‘because the word potentially bears on defendants’ state of mind.’”

**Newsbusters: After Describing Menendez Trial As “A Big Deal,” CNN Offering Little Coverage.** Meanwhile, the [Daily Caller](#) (9/20, Athey, 521K) reported, “On September 6, CNN anchor Poppy Harlow said the [Menendez] trial ‘is a big deal...because this is the first bribery case involving a sitting US Senator in over three decades’ and her co-anchor John Berman asserted, ‘we will follow this case very, very closely.’ However, Newsbusters [discovered](#) that CNN has only given the trial 14 minutes and 11 seconds of coverage since the trial began two weeks ago, and they have only mentioned it one time since September 7.” The Daily Caller added, “ABC, CBS, and NBC have given even less time to the trial since September 5, combining for a total of less than two and a half minutes.”

#### **“THREE MUSLIM WOMEN” CALLED VIRGINIA POLICE ON EX-WASSERMAN SCHULZ IT AIDE.**

Under the headline “‘Like a Slave:’ Three Muslim Women, At Least One Of Them Bloodied, Called Police on Imran Awan,” the [Daily Caller](#) (9/20, 521K) reported, “Multiple women in relationships with Imran Awan, the indicted former IT aide for Rep. Debbie Wasserman Schultz, have recently called Virginia law enforcement and alleged being abused by him, police reports” reveal. The Daily Caller said, “Officers found one of the women bloodied and she told them she ‘just wanted to leave,’ while the second said she felt like a ‘slave,’ according to Fairfax County Police reports. ... A third woman claimed she was being kept ‘in captivity.’ The third woman is Awan’s stepmother, Samina Gilani, who said in court documents that Awan invoked his authority as a congressional employee to intimidate immigrant women, in part by telling them he had the power to have people kidnapped. ... All three women are Muslim.”

#### **MAJORITY OF CALIFORNIANS HAVE CONSIDERED MOVING BECAUSE OF COSTLY HOUSING.**

The [New York Times](#) (9/20, McPhate, Subscription Publication, 13.56M) reports that a new UC Berkeley

poll of 1,200 California residents found that 56 percent of respondents and a majority of respondents in every major region of the state have considered moving as a result of rising housing costs. About a third of the state's residents "spend most of their income on housing costs."

**FIVETHIRTYEIGHT ANALYSIS: TRUMP LOOMS OVER FLAKE-WARD PRIMARY CLASH.** Writing at [FiveThirtyEight](#) (9/20, Malone, 384K), Clare Malone discussed ex-state Sen. Kelli Ward's 2018 primary challenge to Sen. Jeff Flake, saying that "the Washington Post called it a 'proxy war' between [President Trump] and the GOP establishment." Some contend a Ward victory "would be an assertion of Trump's power against the establishment, another notch in the belt for the Trumpification of the party – more economic nationalism and an anti-immigrant bent." However, members of "the Arizona Republican establishment scoff at this notion, noting that primaries in the state have often entertained an antiestablishment element – the state has a long tradition of populism and libertarianism."

**POLL SHOWS STABENOW LEADING KID ROCK 52%-34% IN HYPOTHETICAL MATCHUP.** The [Detroit Free Press](#) (9/20, Spangler, 1.07M) reports that a Marketing Resource Group poll of 600 Michigan likely voters, taken Sept. 13-18, shows Sen. Debbie Stabenow leading musician Kid Rock 52%-34% in a hypothetical 2018 matchup. Kid Rock, whose given name is Robert Ritchie, has been teasing a potential challenge to Stabenow. If he enters the contest, it's widely expected he'd run as a Republican. The Free Press says that the results of the MRG survey are "a far cry from a Trafalgar Group poll in July that had Kid Rock" leading 49%-46%. Another poll, "done by Target Insyght in July, had Stabenow ahead of Kid Rock 50%-42%."

**"Inside Sources" Say Upton "90 Percent" Decided On A Challenge To Stabenow.** On its website, [WLNS-TV](#) Lansing, MI (9/20, Skubick) reported that Rep. Fred Upton (R-MI) "is very close to" challenging Stabenow in next year's election. According to "inside sources," Upton "is already 90 percent there but he's still crossing the t's and dotting the i's." WLNS-TV added that Upton "is in no hurry and might make the decision in October."

**CORKER WILL FACE PRIMARY CHALLENGE IF HE SEEKS REELECTION.** [Roll Call](#) (9/20, Pathé, 134K) reported that Sen. Bob Corker on Tuesday said he's yet to decide if he'll seek reelection next year, "and he wouldn't comment on reports that [President] Trump asked him to run for re-election at their meeting last week. He's already facing at least one declared primary challenger," Andy Ogles, the former state director of Americans for Prosperity, the political arm of the Koch brothers. However, if Corker seeks reelection, he "can find solace in the fact that there are at least two more Republicans interested in taking him on, which would split the anti-incumbent vote." Roll Call said that ex-state Rep. Joe Carr and ex-state Sen. Mark Green – the latter of whom was nominated by Trump to be secretary of the Army, but withdrew "his name from consideration in May because of past controversial statements" – are possible Senate candidates.

**Fox Sports Radio Host Says He May Mount Independent Bid.** Meanwhile, [The Hill](#) (9/20, Easley, 1.68M) reported that Fox Sports radio host Clay Travis "said Wednesday he will consider running for Senate in Tennessee as an independent," should Corker opt against seeking another term next year. Speaking on his "Outkick the Coverage" program, Travis said, "I think I could get elected," and added, "There has to be no incumbent and Peyton Manning has to not run. Other than that I think I could beat anyone in the state." In mentioning Manning, Travis was "referring to the NFL legend, who won a football national championship at the University of Tennessee."

The [Washington Examiner](#) (9/20, Giaritelli, 465K) reported that last week, Travis "told CNN he only has faith in the First Amendment and 'boobs.'" The Examiner added that Travis, "who has previously referenced his support for the First Amendment and women's breasts, made it into the national spotlight last week when he told CNN host Brooke Baldwin about his two passions. Baldwin was visibly disturbed by the remark, but others took to Twitter and tweeted support for his unexpected statement."

**JUSTICE INDICATES HE'LL SUPPORT MANCHIN'S REELECTION BID.** The [Washington Examiner](#) (9/20, Correll, 465K) reported that Gov. Jim Justice, who was elected as a Democrat but switched to the GOP last month, on Wednesday indicated he's backing Sen. Joe Manchin's 2018 bid for reelection.



Asked about the Senate race during a meeting with state GOP lawmakers, Justice replied that Manchin “may be a terrible person to y’all, but Joe has been a friend of mine and I’m going to tell you this as straight up as I can be: Joe Manchin is becoming a very key, integral part with Donald Trump. And I’m going to take my read off of Donald Trump.” Justice added, “Joe Manchin is – and I know this – Joe Manchin is Donald Trump’s liaison with the Democrats. And you want, and I want, what Donald Trump is trying to get done.”

[The Hill](#) (9/20, Bowden, 1.68M) reported that the comments “shocked Republicans in the state and came just hours after West Virginia’s GOP chairman told BuzzFeed News that he was confident Justice would be supporting conservative candidates in 2018.” The Hill added that Manchin “is one of a number of Senate Democrats up for reelection next year hailing from a state that Trump won in the 2016 presidential election. Trump took West Virginia by a whopping 42 points and many Republicans see Manchin’s seat as a prime target for a GOP win.”

**POLL: KAINE LEADS STEWART 53%-36% IN VIRGINIA SENATE RACE.** The [Fauquier \(VA\) Times](#) (9/20, 50K) reported that a University of Mary Washington poll of 1,000 Virginia voters shows Sen. Tim Kaine holding big leads over his potential 2018 GOP rivals. In hypothetical general election matchups, Kaine leads Rep. Scott Taylor (R-VA) 52%-37%; Prince William Board of Supervisors Chairman Corey Stewart 53%-36%; and Rep. Dave Brat (R-VA) 54%-36%. Stewart is currently the only announced GOP candidate in the race. In a hypothetical GOP primary matchup, Taylor leads with 20%, followed by Stewart at 12%, and Brat at 9%; the majority of those surveyed were undecided.

**CHRISTIE LABELS MURPHY A “COWARD” OVER ARBITRATION CAP ISSUE.** The [AP](#) (9/20) reports that New Jersey Gov. Chris Christie, who is term-limited this year, on Wednesday took aim at the frontrunner in the race to succeed him, calling Democrat Phil Murphy “a ‘coward’ for failing to clarify his position on an expiring provision that affects property tax rates.” Christie pressed “Murphy to take a position on the 2 percent interest arbitration cap expiring in December. The cap limits what police and fire officials can get in contract disputes. Property taxes are levied by local governments, which run police and fire departments, and school boards.” Polls have shown Murphy leading by wide margins over Lt. Gov. Kim Guadagno.

**LUMMIS’ DECISION NOT TO RUN THROWS WYOMING GOVERNOR’S RACE “WIDE OPEN.”** The [Casper \(WY\) Star-Tribune](#) (9/20, Rosenfeld, 96K) reports that the 2018 race to succeed term-limited Gov. Matt Mead “has been thrown wide open” in the wake of ex-Rep. Cynthia Lummis’ announcement “that she will not enter next year’s Republican primary. With strong name recognition across the state and financial resources, Lummis was the heavy favorite to win both the primary and general election if she ran. ‘I thought when I returned home that I would run for governor,’ Lummis acknowledged in an interview with the Wyoming Tribune Eagle Tuesday.” However, Lummis, “who decided not to run for reelection to Congress last year, said that she was enjoying time off from public office.” Of Lummis’ announcement GOP strategist Bill Novotny told the Star-Tribune, “This is going to open the floodgates. Most of the serious candidates I’ve spoken to were waiting for her to officially declare her plans.”

**LOS ANGELES OFFICIALS PREPARE FOR POTENTIAL BIG EARTHQUAKE.** [NBC Nightly News](#) (9/20, story 6, 2:00, Holt, 16.61M) reported that a study from the US Geological Survey found that the chance of an earthquake magnitude eight or larger near Los Angeles in the next 30 years “has doubled since 2008” – bolstering the city’s concern for and desire to prepare for the next large earthquake. Experts “say a major quake along the San Andreas in Southern California fault could kill 1,800 people, injure 53,000, destroy 1,500 buildings, and damage 300,000 more,” and a serious quake “could also cripple the city’s water supply and take as long as six months to repair.” City officials have spent \$14 billion on seismic upgrades to transportation infrastructure, and Mayor Eric Garcetti has received a new “preparedness plan.”

**“HUNDREDS OF NON-CITIZENS” REGISTERED TO VOTE IN PHILADELPHIA OVER PAST 10 YEARS.** The [Washington Times](#) (9/20, Dinan, 541K) reports, “Hundreds of non-citizens were registered to vote in Philadelphia over the last decade, and at least 90 of them actually ended up casting ballots that should never have been allowed, City Commissioner Al Schmidt said Wednesday, adding more fuel to

complaints of bogus voting in US elections. The voters are all self-admitted non-citizens who went back and canceled their registrations later – but not before casting illegal ballots a total of 227 times in elections spanning 2006 to 2007, Mr. Schmidt said.” The Times adds, “The data offers a boost to President Trump, who has claimed voters are tainted by non-citizens casting illegal ballots.”

**PROSECUTORS: WEINER DESERVES JAIL TIME.** The [New York Times](#) (9/20, Weiser, Subscription Publication, 13.56M) reports that Federal prosecutors said Wednesday that former congressman Anthony Weiner’s request for probation and no prison time “for his conviction in a sexting case,” is “simply inadequate,” and that “his crime deserves time in prison.” A sentencing memo from prosecutors seeks “a prison term of 21 to 27 months.” The Times adds that when he is sentenced Monday, the “disgraced former Democratic congressman” could receive “up to 10 years in prison on one count of transferring obscene material to a minor, a 15-year-old girl with whom he exchanged lewd texts over several months in early 2016.”

**POLL: GREATER “2016 ELECTION BUYERS’ REMORSE” AMONG CLINTON VOTERS THAN TRUMP VOTERS.** Under the headline “Poll: More Hillary Voters Regret Their 2016 Vote Than Trump Voters,” Guy Benson wrote at [Townhall](#) (9/20, 523K), “According to a new national Politico/Morning Consult [survey](#), 2016 election buyers’ remorse is more prevalent among Hillary Clinton’s voters than those who cast ballots for President Trump. ‘Among Clinton voters, 13 percent say they would either vote for a different candidate or not vote at all,’ the survey finds, while that number among Trump backers is four points lower.” Benson provided a link to the poll results, but the data about the Clinton/Trump voters doesn’t appear in that version of the survey.

**COURT TO HEAR APPEAL IN REQUEST FOR CLINTON DRAFT WHITEWATER INDICTMENT RECORDS.** [McClatchy](#) (9/20, Welsh, 67K) reports, “A federal appeals court will hear a case brought by Judicial Watch on Friday to make public draft indictments of Hillary Clinton from the Whitewater scandal in the 1990s.” Judicial Watch is seeking “copies of the documents that the National Archives and Records Administration has declined to release. It filed a FOIA request for the documents in March 2015 and in October 2015 the group sued for the 238 pages of responsive records.” McClatchy adds, “The documents in question are alleged drafts of indictments written by Hickman Ewing, the chief deputy of Kenneth Starr, the independent counsel appointed to investigate Bill and Hillary Clinton’s alleged involvement in fraudulent real estate dealings.”

**LEAKED FOOTAGE SHOWS MSNBC’S O’DONNELL SCREAMING AT STAFF.** [The Hill](#) (9/20, Delk, 1.68M) reports in its “Blog Briefing Room” blog that outtakes of MSNBC host Lawrence O’Donnell berating staff surfaced online Wednesday, with Mediaite publishing an eight-minute video showing a series of clips in which the host “screams at the crew about malfunctions in his earpiece and distracting noises coming from inside the control room.” The clip compilation were apparently taken from the August 29 episode of “The Last Word With Lawrence O’Donnell.”

**DAINES: ALLOW FOREST MANAGEMENT NEEDED TO STOP FOREST FIRES.** In a [Washington Post](#) (9/20, 10.38M) op-ed, Sen. Steve Daines writes that environmental lawsuits and excessive regulations “have become barriers to responsible forest management” in the western United States, costing states millions of acres of land lost to forest fires that could have been better contained. Daines argues that forest management reforms should be passed, certain environmental rules should be cut, and the Forest Service budget should be maintained.

**WILL: NATIONAL CONVERSATION EMPOWERING “DEMAGOGUES.”** In his [Washington Post](#) (9/20, 10.38M) column, George Will writes that the United States has undergone what one UCLA professor described as the “demassification of the mass media” – meaning technology has radically reduced intermediaries and barriers to entry into societal conversation and thus has caused “ignorance, incompetence and intellectual sociopathy” to enter mainstream discussion. Will argues such “cheap speech” is decreasing the relevance of political parties and newspapers, empowering “demagogues,” and spurring calls to limit First Amendment protections.

**WPOST: DC MAKING PROGRESS TOWARD BETTER YOUTH REHABILITATION.** In an editorial, the



[Washington Post](#) (9/20, 10.38M) applauds the District of Columbia Council for offering a “comprehensive” and “thoughtful” overhaul of the city’s Youth Rehabilitation Act. The new legislation “preserves the worthwhile goal of rehabilitation for defendants 21 or younger” but also tempers “this leniency with common-sense protections for public safety,” such as making offensive actions like sexual assault ineligible for the act.

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**From:** Lothrop, Julia (HHS/IEA)  
**Sent:** 3 Oct 2017 22:51:47 +0000  
**To:** Acker, Alisha R. (OS/OASH);Anderson, Kelly (HHS/IEA);Belcher, DebbieAnne (HHS/OGC);Brice-Smith, Angela M. (CMS/CQISCO);Bryant, Jamie (PSC/FOH/EHSS);Cato, Todd W (FDA/ORO);Cisneros, Oscar (OS/ASA/OCIO);Cote, Mick (OS/ASPR/OEM);Devine, Percy (ACL);Dito, Matt (PSC/FMP/CAS);Dorrill, Ruth A (OIG/OEI);Garcia, Edmundo (FDA/ORO);Hargrave, Scotty L (FDA/ORO);Hearod, Karen (SAMHSA);Jackson, Princess (HRSA);Karim, Arif (PSC/FMP/CAS);Lee, Derek B. (ACL);Lothrop, Julia (HHS/IEA);Massoudi, Mehran (HHS/OASH);McAdams, Lisa M. (CMS/CQISCO);Nwigwe, Vaniecy (OS/OCR);Parnell, June (PSC/RLO/BOS) (CTR);Pettigrew, George (ATSDR/DCHI/CB);Pope Jackson, LaKesha (ACF);Porter, CJ (OIG/OI);Reyes, Hernan (HRSA);Samuels, Peggy (OS/IEA);Smith, Marisa (HHS/OCR);Teuscher, David (HHS/IEA);Turner, Mervin D. (HHS/OGC);Weaver, Michael R. (IHS/DES);Wellspring, Howard W. (IHS/DES);Wheeler, Trish M (OIG/OAS);Young, Patrick (ATSDR/DCHI/CB);Alanis, Maribel (OS/ASA/OCIO/ITIO) (CTR);Bird, William (PSC/FOH/EHSS);Brookins, Diane (ACF);Crabtree, Melissa J (FDA/ORO);Creswell, Patricia (PSC/RLO/BOS) (CTR);Culver, Martha (HRSA);Gooden, Shelby (HHS/IEA);Grooms, Kiran (HHS/OCR);Harper, Scott S. (CMS/CQISCO);Harris, Daryle (FDA/ORO);Harris, Keith D (OIG/OAS);Hayes-Mohl, Janice (PSC/FMP/CAS);Jeffery, Shandrea M (HHS/OASH);Jordan, Tara (HHS/OGC);Lightner, Louis (OS/ASPR/OEM);McClendon, Larry (ACL);Rambo, Carolyn A. (CMS/CQISCO);Raphael, Nicole (SAMHSA/OPPI) (CTR);Ross, Brenda (PSC/FOH/CHS);Russell, Wendy (ACF);Tulloch, Barbara G. (IHS/DES);Williams, Ernesta B. (CMS/CQISCO)  
**Cc:** Gooden, Shelby (HHS/IEA);Singleton, Ladonna (HHS/IEA);Moore, Veronica (HHS/IEA);Teuscher, David (HHS/IEA);Peggy Samuels - 7A-FEB;Kelly Anderson;Grissom, Amy (ACF)  
**Subject:** Director's brief on children's mental health following disasters  
**Attachments:** DUB Child mental health and disasters 9.28.17.docx

Dear Senior Staff,

Attached is a brief literature review from the CDC provided by Betty Hastings and Karen Hearod concerning long-term effects of natural disasters on children's mental health. Please share with appropriate staff.

Sincerely,

**Julia Lothrop**

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## **Brief literature review of long-term effects of natural disasters on children's mental health**

Directors Update Briefing

Prepared by Robyn Cree (EIS, NCBDDD) and Amy Lavery (EIS, NCEH)

Contributors: Cynthia Hinton (NCBDDD), Becky Bitsko (NCBDDD), Rebecca Leeb (NCBDDD), Melissa Merrick (NCIPC), Georgina Peacock (NCBDDD), Amy Wolkin (OD), and Deborah Gould (DHIS)

### **Purpose**

To review the impacts, both short- and long-term, of disasters on early childhood.

### **Background**

The stress and trauma that children experience from natural disasters, including hurricanes, can lead to symptoms of severe psychological distress, including depression, anxiety, acting out, post-traumatic stress disorder, conduct disorder, or attention deficit hyperactive disorder [1, 2]. Children may also experience other behavioral and physiological impacts such as changes in sleep and eating habits, or regression to earlier behaviors such as bedwetting [3].

Physical changes, as measured by biomarkers of stress, can also occur following natural disasters. Adolescents living in government-sponsored relocation camps after Hurricane Katrina had indicators of both chronic (i.e., lower levels of cortisol) and acute (i.e., increased levels of alpha-amylase) levels of stress, as compared to controls [4]. Further, increased stress from disasters experienced during pregnancy is associated with a host of poor mental and physical child outcomes, such as an increased risk for fetal distress, low birth weight, mental disorders, and poor communication and social skills [5].

### ***Who is most affected?***

The type of disaster (human-induced or natural), child's physical proximity to the disaster, level of child distress at the time of the disaster, and personal loss of or separation from a loved one are significantly associated with mental health problems [6]. Additionally, children with a history of adverse childhood experiences (ACEs) are particularly vulnerable because they have fewer resources to cope with additional sources of stress [7, 8].

### **Recent studies, methods, and results**

Leveraging **existing studies** of families and children in regions affected by natural disasters is particularly useful because examination of pre- and post-measurement of child outcomes is possible. For example:

- The Harvard Center on the Developing Child's Resilience in Survivors of Katrina ("RISK") Project collected mental health data on families before and after hurricane Katrina [9]. The researchers extended an existing study of young mothers in the New Orleans region by adding child measures and two additional waves of data collection at 1 and 3 years post-disaster
  - Results showed that exposure to Hurricane Katrina was associated with increased maternal distress and school mobility in children under 18, which were correlated with increased child internalizing and externalizing symptoms 3 years post-hurricane [10]
- Researchers from the Colorado State University utilized birth records from the National Center for Health Statistics (NCHS) to examine fetal distress before, during, and after Hurricane Andrew in 1992.
  - Results showed increased rates of fetal distress (a measure of oxygen deficiency associated with high levels of maternal stress hormones) in affected counties of Hurricane Andrew as compared to unaffected counties [11].

Studies initiated after natural disasters use **external comparison groups** to explore differences in children exposed and unexposed to the hurricane. For example:

- Following Hurricane Katrina, the National Center for Disaster Preparedness at Columbia University's Earth Institute began the Gulf Coast Child & Family Health Study (GCAFH) study, recruiting from relocation camps and venues [12].
  - Results showed school-aged children exposed to the hurricane (enrolled in the GCAFH study) had 5 times the odds of having severe emotional disturbance as compared to unexposed children who took part in the 2004 National Health Interview Survey (NHIS) [2].

Use of **biological markers** as indicators of stress following disasters have been examined. For example:

- Luo et al. (2012) compared cortisol levels in three centimeter hair segments corresponding with monthly time periods in adolescent females following a large earthquake in China in 2008 [13].
  - Results showed increased cortisol levels in sections of hair corresponding to the month of the earthquake compared to baseline levels, and those who suffered PTSD following the event showed blunted levels of cortisol several months following the event compared to those without PTSD, indicating a chronic stress response.
- Two months following Hurricane Katrina, Vigil et al. (2010) examined cortisol and alpha-amylase in salivary samples taken from adolescents living in government-sponsored relocation camps [4].
  - Results showed that adolescents living in the relocated areas had lower cortisol and higher alpha-amylase compared to controls, indicating both a chronic stress exposure which may blunt cortisol response, with periods of more acute response with daily stressors.

### **Opportunities for surveillance**

There is an urgent need for timely and accurate surveillance to inform where, when, and how to target interventions to improve developmental outcomes for children who experience disaster-related trauma. Currently, there are no plans to conduct the following surveillance actions, and additional resources (e.g., funds and personnel), OMB/IRB approvals, and buy-in from collaborating federal agencies, state/local health departments, and affected communities are required before these opportunities can be implemented. Possibilities include:

- Conducting an Epi-Aid investigation. This would provide a rapid means of assessing the current burden of psychiatric symptoms following Hurricanes Harvey, Irma, and Maria.
- Incorporate screening measures of child psychological distress into pediatric offices or other clinics serving affected children and families. This would allow for surveillance and improve identification and management of children in distress.
- Review emergency department, inpatient, and outpatient medical claims data to inform whether more children (and individuals overall) were treated for symptoms of psychological distress or specific mental disorders following the hurricane(s) (compared to other regions of the state or to previous time periods).
- Allocate CDC funding for external follow-up studies examining mental and physical health impacts of affected populations, similar to what was done following Hurricane Sandy [14, 15]. New studies should specifically examine mental health and psychological distress among children.

Examples of surveillance tools:

- Strength and Difficulties Questionnaire – Free and assesses internalizing and externalizing problems [16].
- Community Assessment for Public Health Emergency Response (CASPER) method – Used to assess mental health needs of communities (including children) following the 2010 Gulf Coast oil spill [17].
- Natural Disaster Morbidity Surveillance Individual Form – Not being used in the current response but could be revised to include more psychiatric symptoms specific to children [18].



## References

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**From:** Lothrop, Julia (HHS/IEA)  
**Sent:** 7 Sep 2017 17:40:57 +0000  
**Subject:** FEMA Mitigation Minute for August 16, 2017. Urgent attention needed.  
**Attachments:** Emergency Preparedness Slide Presentation2017.pptx, FY 2017 PDM NOFO FINAL.pdf

Dear Tribal Leaders,

Please see below and attached information about a FEMA Emergency Preparedness Planning Grant specific to tribes.

The CMS Emergency Preparedness Condition of Participation goes into effect November 15<sup>th</sup>, 2017.

<https://www.grants.gov/web/grants/search-grants.html?keywords=Emergency%20preparedness>

Search: Opportunity Number: DHS-17-MT-047-000-99

Grant Name: FY17 Pre-Disaster Mitigation.

---

**From:** FEMA-HMA-GRANTS-POLICY  
**Sent:** Wednesday, August 16, 2017 10:01 AM  
**Subject:** Mitigation Minute for August 16, 2017

## *Mitigation Minute: Pre-Disaster Mitigation (PDM) Funding Available for Federally-Recognized Tribes*

*August 16, 2017*



# Funding Available for Federally-Recognized Tribes



**Federally-recognized tribes**  
are eligible  
to apply to FEMA's  
**PRE-DISASTER  
MITIGATION  
grant program**

Of the  
**\$90M**  
in available  
**PDM funding**  
for **2017\***

**\$10M**  
is set aside for  
**Federally-recognized  
tribes**



\* This content applies to Fiscal Year 2017.

Since 1997, FEMA's **Hazard Mitigation Assistance  
grant programs** have awarded approximately **\$30M**  
to tribes to implement mitigation activities.

Visit [Grants.Gov](https://www.Grants.Gov) for more information.



# FEMA

To learn more, see the Notice of Funding Opportunity announcement posted on [Grants.gov](https://www.grants.gov) and the HMA Guidance available at: <https://www.fema.gov/hazard-mitigation-assistance>.

For additional Tribal resources please visit FEMA's Tribal Affairs website: [www.fema.gov/tribal](https://www.fema.gov/tribal).

#### **About "Mitigation Minute"**

This series is provided by FEMA's [Hazard Mitigation Assistance Division](https://www.fema.gov/hazard-mitigation-assistance). The "Mitigation Minute" contains a weekly fact about grants and resources provided across the country to reduce or eliminate long-term risk to people and property from natural hazards.

Get the latest fact every Wednesday by signing up for the ["alert me"](#) feature. Email [FEMA-HMA-Grants-Policy@fema.dhs.gov](mailto:FEMA-HMA-Grants-Policy@fema.dhs.gov) with comments or suggestions. [Download](#) the FEMA app today for weather alerts, safety tips, and recovery center locations.





## **CMS Emergency Preparedness Rule**

### **Understanding the Emergency Preparedness Final Rule**

***Survey & Certification  
GroupCenters for Medicare  
& Medicaid Services***

# Final Rule

- *Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers* Published September 16, 2016 Applies to all 17 provider and supplier types Implementation date November 15, 2017 Compliance required for participation in Medicare Emergency Preparedness is one new CoP/CfC of many already required



# Four Provisions for All Provider Types



# Risk Assessment and Planning

- Develop an emergency plan based on a risk assessment. Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities. Update emergency plan at least annually.



# Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment. Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency. Review and update policies and procedures at least annually.

# Communication Plan

- Develop a communication plan that complies with both Federal and State laws. Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems. Review and update plan annually.



# Training and Testing Program

- Develop and maintain training and testing programs, including initial training in policies and procedures. Demonstrate knowledge of emergency procedures and provide training at least annually. Conduct drills and exercises to test the emergency plan.

# Requirements Vary by Provider Type

- Outpatient providers are not required to have policies and procedures for the provision of subsistence needs. Home health agencies and hospices required to inform officials of patients in need of evacuation. Long-term care and psychiatric residential treatment facilities must share information from the emergency plan with residents and family members or representatives.



# Interpretive Guidelines (IGs)

“The IGs are sub regulatory guidelines which establish our expectations for the function states perform in enforcing the regulatory requirements. Facilities do not require the IGs in order to implement the regulatory requirements. We note that CMS historically releases IGs for new regulations after the final rule has been published. This EP rule is accompanied by extensive resources that providers and suppliers can use to establish their emergency preparedness programs.” Federal Register /Vol. 81, No. 180 / Friday, September 16, 2016 /Rules and Regulations 63873

# Compliance

- Facilities are expected to be in compliance with the requirements by 11/15/2017. In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for non-compliance.



# The SCG Website

- Providers and Suppliers should refer to the resources on the CMS website for assistance in developing emergency preparedness plans. The website also provides important links to additional resources and organizations who can assist.  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

# The SCG Website- Continued

The screenshot displays the CMS.gov website. At the top, the CMS.gov logo is on the left, and navigation links (Home, About CMS, Newsroom, FAQs, Archive, Share, Help, Print) are on the right. Below the logo is the text "Centers for Medicare & Medicaid Services". A search bar is located to the right of the navigation links. A row of yellow buttons contains the following categories: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. Below this is a breadcrumb trail: Home > Medicare > Survey & Certification - Emergency Preparedness > Survey & Certification - Emergency Preparedness. On the left side, there is a vertical menu under the heading "Survey & Certification - Emergency Preparedness" with links to: State Survey Agency Guidance, Health Care Provider Guidance, Lessons Learned/Archives, Emergency Preparedness Rule, Core EP Rule Elements, Earthquakes, Hurricanes, Severe Weather, Flooding, Wild Fires and Fires General, Influenza and Viruses, Homeland Security Threats, and Templates & Checklists. The main content area has the heading "Survey & Certification - Emergency Preparedness" followed by the subheading "Emergency Preparedness for Every Emergency". Below this is a "Mission" section with the text: "Enable Federal, State, Tribal, Regional, and local governmental agencies, and health care providers to respond to every emergency in a timely, collaborative, organized, and effective manner." This is followed by a paragraph: "The Centers for Medicare & Medicaid Services (CMS) Survey and Certification Group (SCG) has developed this site to provide useful information to CMS Central and Regional Offices, State Survey Agencies (SAs), their State, Tribal, Regional, and local emergency management partners, and health care providers, for developing effective and robust emergency plans and responses. This Web site provides information and tools, utilizing an 'all hazards' approach for disruptive events such as:" and a bulleted list of hazards: Pandemic flu (e.g., H1N1 influenza virus), Hurricanes, Tornados, Fires, Earthquakes, Power outages, Chemical spills, Nuclear or biological terrorist attack, and Etc.

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Home > Medicare > Survey & Certification - Emergency Preparedness > Survey & Certification - Emergency Preparedness

**Survey & Certification - Emergency Preparedness**

[State Survey Agency Guidance](#)  
[Health Care Provider Guidance](#)  
[Lessons Learned/Archives](#)  
[Emergency Preparedness Rule](#)  
[Core EP Rule Elements](#)  
[Earthquakes](#)  
[Hurricanes](#)  
[Severe Weather](#)  
[Flooding](#)  
[Wild Fires and Fires General](#)  
[Influenza and Viruses](#)  
[Homeland Security Threats](#)  
[Templates & Checklists](#)

## Survey & Certification - Emergency Preparedness

### *Emergency Preparedness for Every Emergency*

#### **Mission**

Enable Federal, State, Tribal, Regional, and local governmental agencies, and health care providers to respond to every emergency in a timely, collaborative, organized, and effective manner.

The Centers for Medicare & Medicaid Services (CMS) Survey and Certification Group (SCG) has developed this site to provide useful information to CMS Central and Regional Offices, State Survey Agencies (SAs), their State, Tribal, Regional, and local emergency management partners, and health care providers, for developing effective and robust emergency plans and responses. This Web site provides information and tools, utilizing an "all hazards" approach for disruptive events such as:

- Pandemic flu (e.g., H1N1 influenza virus)
- Hurricanes
- Tornados
- Fires
- Earthquakes
- Power outages
- Chemical spills
- Nuclear or biological terrorist attack
- Etc.

- Left Links on the website provide a variety of resources available



# The SCG Website- Continued

[Home](#) > [Medicare](#) > [Survey & Certification - Emergency Preparedness](#) > [Emergency Preparedness Rule](#)

## Survey & Certification - Emergency Preparedness

[State Survey Agency Guidance](#)

[Health Care Provider Guidance](#)

[Lessons Learned/Archives](#)

### Emergency Preparedness Rule

[Core EP Rule Elements](#)

[Earthquakes](#)

[Hurricanes](#)

[Severe Weather](#)

[Flooding](#)

[Wild Fires and Fires General](#)

[Influenza and Viruses](#)

[Homeland Security Threats](#)

[Templates & Checklists](#)

## Emergency Preparedness Rule

### Survey & Certification- Emergency Preparedness Regulation Guidance

#### Guidance for Surveyors, Providers and Suppliers Regarding the New Emergency Preparedness (EP) Rule

On September 8, 2016 the Federal Register posted the final rule *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*. The regulation goes into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date, on November 16, 2017.


**Purpose:** To establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems. The following information will apply upon publication of the final rule:

- Requirements will apply to all 17 provider and supplier types.
- Each provider and supplier will have its own set of Emergency Preparedness regulations incorporated into its set of conditions or requirements for certification.
- Must be in compliance with Emergency Preparedness regulations to participate in the Medicare or Medicaid program. The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.

Additional information has been provided on the left side hyperlinks categorized by information from the EP Rule, such as the Emergency Preparedness Plan, Communication Plan, Policies and Procedures and Testing.


The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.

### Downloads

[By Name By State Healthcare Coalitions \[PDF, 256KB\]](#) 

[Facility Transfer Agreement - Example \[PDF, 56KB\]](#) 

[17 Facility- Provider Supplier Types Impacted \[PDF, 89KB\]](#) 

[EP Rule - Table Requirements by Provider Type \[PDF, 126KB\]](#) 

### Related Links

[ASPR TRACIE](#)

[NCDMPH](#) 

# FAQs

- Frequently Asked Questions (FAQs) have been developed and are posted on the CMS Emergency Preparedness Website  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html> We will continue to edit and post new FAQs as inquiries are received.



# Training Considerations

## Don't Lose Sight of the Intent!

- Providers/Suppliers and Emergency Preparedness officials should consider aiming training on overall Emergency Preparedness, with integration of the four core elements. Work toward assisting emergency preparedness officials and facility leadership on “how-to” guides – i.e. how do you complete a hazard vulnerability assessment/ risk assessment? How do you draft a communication plan?

**Thank you!**



[SCGEmergencyPrep@cms.hhs.gov](mailto:SCGEmergencyPrep@cms.hhs.gov)



**The Department of Homeland Security  
Notice of Funding Opportunity  
FY 2017 Pre-Disaster Mitigation**

**NOTE:** If you are going to apply for this funding opportunity and have not obtained a Data Universal Numbering System (DUNS) number and/or are not currently registered in the System for Award Management (SAM), please take immediate action to obtain a DUNS Number, if applicable, and then to register immediately in SAM . It may take 4 weeks or more after you submit your SAM registration before your registration is active in SAM, then an additional 24 hours for Grants.gov to recognize your information. Information on obtaining a DUNS number and registering in SAM is available from Grants.gov at: <http://www.grants.gov/web/grants/applicants/organization-registration.html>. Detailed information regarding DUNS and SAM is also provided in Section D of this Notice of Funding Opportunity (NOFO), Application Submission Information.

**A. Program Description**

**Issued By**

U.S. Department of Homeland Security (DHS),  
Federal Emergency Management Agency (FEMA),  
Federal Insurance and Mitigation Administration,  
Hazard Mitigation Assistance Division

**Catalog of Federal Domestic Assistance (CFDA) Number**  
97.047

**CFDA Title**  
Pre-Disaster Mitigation

**Notice of Funding Opportunity Title**  
FY 2017 Pre-Disaster Mitigation

**NOFO Number**  
DHS-17-MT-047-00-99

**Authorizing Authority for Program**  
Section 203 of the *Robert T. Stafford Disaster Relief and Emergency Assistance Act* (Stafford Act), as amended (Pub. L. No. 93-288) (42 U.S.C. § 5133)

**Appropriation Authority for Program**  
Consolidated Appropriations Act, 2017 (Pub. L. No. 115-31)

**Program Type**  
Continuation

## **Program Overview, Objectives, and Priorities**

The Pre-Disaster Mitigation (PDM) program makes available Federal funds to State, Local and Tribal Governments to implement and sustain cost-effective measures designed to reduce the risk to individuals and property from natural hazards, while also reducing reliance on Federal funding from future disasters. The PDM program strengthens national preparedness and resilience and supports the mitigation mission area in the National Preparedness System and National Preparedness Goal.

FEMA's priorities for funding FY 2017 PDM applications are outlined below. Greater detail on factors to be considered in the evaluation of applications is specified in Section E of this NOFO under Application Evaluation Criteria.

As required in Section 203(f)(2)(A) of the Stafford Act, FEMA will continue to provide grant funding allocations to each state and territory in the amount of the lesser of one percent of the appropriation amount or \$575,000. FEMA will also set aside funding for federally-recognized Native American tribes for mitigation planning and projects in an amount not to exceed ten percent of the appropriation amount. FEMA's first priority for competitive funding after meeting the state/territory allocations and tribal set-aside is multi-state/tribal mitigation initiatives. The balance of PDM funds will be distributed on a competitive basis with priority given to eligible applicants that have less disaster funding available through the Hazard Mitigation Grant Program (HMGP) than the PDM funding limits for planning and projects (see the Program Funding Restrictions subsection under Section D of this NOFO) in order to complement the HMGP funds available to states, territories and tribes following disasters. In addition, FEMA will prioritize competitive projects for funding by hazard and activity type in an effort to minimize duplication of the Flood Mitigation Assistance (FMA) grant program with a priority of non-flood hazard (e.g., wildfire, drought, seismic, and wind) mitigation project activities over flood mitigation projects. For more information on the HMGP and FMA programs, see the Related Hazard Mitigation Assistance (HMA) Programs subsection under Section H of this NOFO.

FEMA will prioritize funding mitigation projects over mitigation planning in accordance with the 2017 appropriations report language.

## **B. Federal Award Information**

### **Award Amounts, Important Dates, and Extensions**

Available Funding for the NOFO: \$90,000,000

**Projected number of Awards:** 250

**Period of Performance:** 42 months

The Period of Performance begins with the opening of the application period and ends no later than 36 months from the Funding Selection Date (see section D, Application and Submission Information of this NOFO).



An extension to the Period of Performance for this program is allowed. For details on the requirements for requesting an extension to the Period of Performance, please refer to Section H, Additional Information of this NOFO.

**Projected Period of Performance Start Date:** 08/14/2017

**Projected Period of Performance End Date:** 01/30/2021

**Funding Instrument**  
Grant

**C. Eligibility Information**

**Eligible Applicants**

States

District of Columbia

U.S. Territories

Federally recognized Native American Tribal governments

Each State, Territory, Commonwealth, or Native American Tribal government shall designate one agency to serve as the applicant for PDM funding. Each applicant's designated agency may submit only one PDM grant application to FEMA. Applications under which two or more entities would carry out the award are eligible, such as a multi-state or multi-tribal initiative; however, only one entity may be the applicant with primary responsibility for carrying out the award.

Local governments, including cities, townships, counties, special district governments, and Native American tribal organizations are considered subapplicants and must submit subapplications for mitigation planning and projects to their State/Territory applicant agency. Contact information for the State Hazard Mitigation Officers (SHMOs) is provided on the FEMA website: <http://www.fema.gov/state-hazard-mitigation-officers>.

**Eligibility Criteria**

To be considered for funding, all applicants must submit their FY 2017 PDM grant application to FEMA via the Mitigation eGrants system (see section D, Application and Submission Information, of this NOFO).

All applicants and subapplicants submitting project subapplications must have a FEMA approved Mitigation Plan by the application deadline and at the time of obligation in accordance with Title 44 Code of Federal Regulations (CFR) Part 201. Project applications submitted by applicants or subapplicants that do not have an approved and adopted mitigation plan as of the application deadline are ineligible.

All mitigation projects submitted as part of a PDM grant application must be consistent with the goals and objectives identified in a) the current, FEMA-

approved State or Tribal (Standard or Enhanced) mitigation plan and b) the local Mitigation Plan for the jurisdiction in which the project is located. There is no mitigation plan requirement for applicants and subapplicants to submit planning subapplications for the development of a new mitigation plan or the update of a mitigation plan.

### **Other Eligibility Criteria**

To be eligible for the state/territory allocation or the tribal set aside (see Program Overview, Objectives, and Priorities in Section A of this NOFO), the applicant's highest ranked planning or project subapplication must not exceed \$575,000 Federal share. There is no limit to the number of planning and project subapplications that applicants can submit for the state/territory allocation or tribal set aside up to \$575,000 federal share, but the applicant must rank them higher than subapplications for competitive consideration (see the Review and Selection Process in section E of this NOFO).

Applicants may include no more than nine project subapplications for competitive consideration over and above any project(s) submitted for the state/territory allocation or tribal set aside.

Any applicant agency willing to serve as the applicant for multi-state or multi-tribal mitigation activities may include one multi-state/tribal project subapplication(s) in their grant application for a maximum of ten competitive projects, notwithstanding any project(s) submitted towards their state/territory allocation or tribal set aside. Applicants who include multi-state/tribal subapplication(s) in their grant application must clearly identify how the effort will be coordinated.

### **Cost Share or Match**

Cost share is required under this program. Federal funding is available for up to 75 percent of the eligible activity costs. The remaining 25 percent of eligible activity costs must be derived from non-Federal sources.

The non-Federal cost share contribution is calculated based on the total cost of the proposed activity. For example, if the total cost is \$400,000 and the non-Federal cost share is 25 percent, then the non-Federal contribution is \$100,000: 25 percent of \$400,000 is \$100,000.

Small, impoverished communities are eligible for up to a 90 percent Federal cost share for their mitigation planning and project subapplications in accordance with the Stafford Act. A small, impoverished community must:

- Be a community of 3,000 or fewer individuals identified by the State as a rural community that is not a remote area within the corporate boundaries of a larger city;
- Be economically disadvantaged, with residents having an average per capita annual income not exceeding 80 percent of the national per capita income,



based on best available data. For the most current information, go to the Bureau of Economic Analysis website at <http://www.bea.gov>;

- Have a local unemployment rate that exceeds by 1 percentage point or more the most recently reported, average yearly national unemployment rate. For the most current information, go to the Bureau of Labor Statistics website at <http://www.bls.gov/eag/eag.us.htm>; and
- Meet other criteria required by the applicant in which the community is located.

Native American Tribal applicants meeting the definition of a small, impoverished community that apply to FEMA directly as applicants are eligible for a 90 percent Federal cost share for their planning, project and management costs sub-applications, which make up their overall PDM grant application.

Applicants and subapplicants must request the Federal cost share amount up to 90 percent in the Cost Share section of their planning, project and management costs subapplication(s). Applicants must certify small, impoverished community status and provide documentation with the subapplication(s) to justify up to a 90 percent Federal cost share. If documentation is not submitted with the subapplication, then FEMA will provide no more than 75 percent Federal share of the total eligible costs.

For insular areas, including American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands, FEMA automatically waives the non-Federal cost share when the non-Federal cost share for the entire grant is under \$200,000. If the non-Federal cost share for the entire grant is \$200,000 or greater, FEMA may waive all or part of the cost share. If FEMA does not waive the cost share, the insular area must pay the entire non-Federal cost-share amount, not only the amount over \$200,000. More detailed information is provided in Part III, C, Cost Sharing of the HMA Guidance available at <http://www.fema.gov/media-library/assets/documents/103279>.

#### **D. Application and Submission Information**

##### **Key Dates and Times**

**Date Posted to Grants.gov:** 07/10/2017

**Application Start Date:** 08/14/2017

**Application Submission Deadline:** 11/14/2017 at 03:00:00 PM [Eastern Time]

**Anticipated Funding Selection Date:** 01/30/2018

**Anticipated Award Date:** 12/30/2018

To be considered timely, a PDM grant application must be submitted by the application deadline via the Mitigation eGrants system, and the Applicant must have received a confirmation message in eGrants that indicates successful PDM grant submission to FEMA. It is recommended that applicants attach approved planning, project and management costs subgrant applications to their PDM grant applications at least 72 hours prior to the application deadline in order to allow time for the Applicant to review and correct issues that may prevent subgrant applications from being attached to a PDM grant application (see the Content and Form of Application Submission subsection below).

### Other Key Dates

Event	Suggested Deadline For Completion
Obtaining Dun and Bradstreet Universal Numbering System (DUNS) Number	Four weeks before actual submission deadline
Obtaining a valid Employer Identification Number (EIN)	Four weeks before actual submission deadline
Register with the System for Award Management (SAM)	Four weeks before actual submission deadline
Register for access to the FEMA Grants Portal and request access to the Mitigation eGrants system	Four weeks before actual submission deadline
Create a PDM grant application and attach approved planning, project and management costs subgrant applications in the Mitigation eGrants system	72 hours before actual submission deadline

### Address to Request Application Package

The application package is built into the Mitigation eGrants system, Office of Management and Budget (OMB) collection #1660-0072, which all applicants must use to submit PDM grant applications electronically to FEMA. The Mitigation eGrants system is available through the FEMA Grants Portal on the internet at <https://portal.fema.gov> (see the Content and Form of Application Submission subsection below). FEMA will only process applications received via the Mitigation eGrants system. Mitigation eGrants system Information, training and resources on the Mitigation eGrants system are available on the FEMA website: <http://www.fema.gov/mitigation-egrants-system-0> or from the Mitigation eGrants Helpdesk (see section G, DHS Awarding Agency Contact Information of this NOFO).

For a hardcopy of the full NOFO, please write or fax a request to:

Michael Grimm  
Assistant Administrator for Mitigation  
Federal Insurance and Mitigation Administration  
400 C Street, SW  
Washington, DC 20472  
FAX: (202) 646-2880



In addition, the following Telephone Device for the Deaf (TDD) and/or Federal Information Relay Service (FIRS) number available for this Notice is: 1-800-462-7585.

### **Content and Form of Application Submission**

All applicants, including States, Tribes and Territories, must submit a PDM grant application to FEMA via the Mitigation eGrants system on the internet: <https://portal.fema.gov> by the application deadline to be considered for funding.

The required format for grant and subgrant applications is built into the Mitigation eGrants system, *OMB #1660-0072*:

- Mitigation planning activities must be submitted in a planning subgrant application;
- Mitigation project activities must be submitted in a project subgrant application;
- Applicant management costs (for applicants only) must be submitted in a management costs subgrant application;
- PDM grant applications, to include applicant-approved planning, project and management costs subapplications, must be submitted in a FY 2017 PDMC grant application.

Blank copies of applications that conform to the Mitigation eGrants system format are available for reference only. FEMA will not accept these as an application package. To access these, registered eGrants system users should login to the FEMA portal at <https://portal.fema.gov> and then click the “Blank Applications” link on the eGrants system Homepage. For those without access to the eGrants system, the blank copies of eGrants applications are also available on the FEMA internet: <https://www.fema.gov/hazard-mitigation-grant-program/grant-applicants-blank-applications>.

Subapplicants should contact their applicant agency for information specific to their state/territory’s application process. Contact information for the SHMOs is provided on the following FEMA webpage: <http://www.fema.gov/state-hazard-mitigation-officers>.

Applicants must create a PDMC grant application and then add approved planning, project and management costs subgrant applications submitted by the applicant and/or subapplicants to the PDMC grant application. If a subapplicant does not use the eGrants system to submit planning and project subapplications to the applicant, then the applicant must enter the subapplication(s) into the eGrants system on the subapplicant’s behalf. To do this, applicants must click the “Create new Paper Subgrant” link on the eGrants Homepage in the eGrants system.

Applicants must rank all of the subgrant applications included in their grant application in the eGrants system. FEMA will consider the applicant’s highest ranked planning or project subapplication(s) for the state/territory allocation or

tribal set aside up to \$575,000 federal share and the remaining eligible subapplications on a competitive basis (see Review and Selection Process in section E of this NOFO). Applicants may indicate their state/territory/tribe's priorities for funding in the Comments to FEMA section of the grant application; the subgrant ranking should not be used for that purpose.

Wherever possible, supporting documentation for applications should be attached electronically in the Mitigation eGrants system. Over-sized items that cannot be scanned may be mailed to FEMA as necessary; however, applicants must provide information regarding the paper attachments and the date mailed to FEMA in the Comments and Attachment section of the application in the eGrants system. Also, the documents must be postmarked by the submission deadline to be considered as part of the application. It is the Applicant's responsibility to follow-up with FEMA to ensure that paper documents were received for consideration during the review process.

Applicants who submit PDMC grant applications prior to the submission deadline will receive a confirmation message including the assigned PDM application number in the eGrants system (e.g., PDMC-01-MA-2017). In addition, once FEMA receives and delegates the PDM grant application to begin the review process, the eGrants system will send an automatic email message to the Point(s) of Contact (POC) identified in the grant application. The Mitigation eGrants system is programmed to not allow submittal of a PDM grant application after the submission deadline. Applicants who attempt to submit a PDM grant application after the deadline will receive an error message.

Applicants who experience eGrants system technical issues should contact the Mitigation eGrants Helpdesk by telephone: 1-855-228-3362 or email: [MTeGrants@fema.dhs.gov](mailto:MTeGrants@fema.dhs.gov) to report the issue and receive a ticket number. Applicants who experience unforeseen eGrants system technical issues beyond the applicant's control that prevents submission of the PDM grant application by the deadline may request approval to submit a late application. To request approval to submit a late application, an applicant must email the HMA Helpline (see section G, DHS Awarding Agency Contact Information, of this NOFO) within 24 hours after the application deadline. The email must describe the technical difficulties, include a timeline of submission efforts that occurred prior to the deadline and the Helpdesk ticket number. FEMA will review the request and contact the eGrants helpdesk to verify the reported technical issues before informing the applicant whether the request to submit a late application has been approved or denied.

#### **National Environmental Policy Act Requirements for Mitigation Projects.**

Applicants and subapplicants applying for mitigation projects must provide information needed to comply with the National Environmental Policy Act (NEPA) (42 U.S.C. 4321-4370h) and the related DHS and FEMA instructions and directives (i.e., DHS Directive 023-01, DHS Instruction Manual 023-01-001-01,



(FEMA Directive 108-1, FEMA Instruction 108-1-1). The required information is included in the project subgrant application in the eGrants system under the Environmental Information section.

**Benefit Cost Analysis for Mitigation Projects.** Applicants and subapplicants applying for mitigation projects must provide a benefit cost analysis (BCA) or other documentation that validates cost-effectiveness. BCA is the method of estimating the future benefits of a project compared to its cost. The end result is a benefit-cost ratio (BCR), which is derived from a project's total net benefits divided by its total project cost. The total benefits and costs must be entered in the Cost-Effectiveness section of the project subapplication and a FEMA-approved BCA attached as documentation, as applicable. Planning and management costs subapplications do not require a BCA.

FEMA has created software to ensure that the BCR is calculated in accordance with FEMA's standardized methodologies and OMB Circular A-94, Guidelines and Discount Rates for Benefit-Cost Analysis of Federal Programs, available on the internet at <https://www.whitehouse.gov/omb/information-for-agencies/circulars>. FEMA's Benefit Cost Toolkit is available on the FEMA website at [www.fema.gov/benefit-cost-analysis](http://www.fema.gov/benefit-cost-analysis). Versions 5.2.1 and Version 5.3 are the only versions FEMA will accept as documentation for demonstrating cost effectiveness. A non-FEMA BCA methodology may only be used if pre-approved by FEMA in writing. More detailed information is available in Part IV, I, Cost Effectiveness of the HMA Guidance available on the FEMA website at: <http://www.fema.gov/media-library/assets/documents/103279>.

**Application for Federal Assistance and Assurances and Certifications Forms.**

Applicants must complete the following forms and attach them to their PDM grant application in the Mitigation eGrants system for submittal by the application deadline:

- Application for Federal Assistance (SF-424), *OMB #4040-0004*;
- Budget Information:
  - Budget Information for Non-construction Programs (SF-424A), *OMB #4040-0006*, or Budget Information for Construction Programs (SF-424C), *OMB #4040-0008*; and
- Assurances and Certifications:
  - Assurances for Non Construction Programs (SF-424B), *OMB #4040-0007*, or Assurances for Construction Programs (SF-424D), *OMB #4040-0009*;
  - Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements (FEMA Form 20-16C), *OMB #1660-0025*; and
  - Disclosure of Lobbying Activities (SF-LLL), *OMB #4040-0013* (if the Applicant has engaged in or intends to engage in lobbying activities).

The SF-424 family of forms are available on the Grants.gov website: <http://www.grants.gov/web/grants/forms/sf-424-family.html>. The FEMA Form

FF 20-16C, Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements is available from the FEMA library online at <https://www.fema.gov/media-library/assets/documents/9754>.

Applicants may require their subapplicants to complete and attach the grant application and/or Assurance and Certifications forms to their planning and project subgrants in the eGrants system. To turn on/off this requirement in the eGrants system, applicants must click the “Administration” link on the eGrants Homepage to set their Preferences for enabling/disabling the forms. Information, training and resources on the Mitigation eGrants system are available on the FEMA website: <http://www.fema.gov/mitigation-egrants-system-0>.

Subapplicants should contact their applicant agency for information specific to their state/territory’s application process. Contact information for the SHMOs is provided on the following FEMA webpage: <http://www.fema.gov/state-hazard-mitigation-officers>.

#### **Unique Entity Identifier and System for Award Management (SAM)**

DHS is participating in the Grants.gov initiative that provides the grant community a single site to find grant funding opportunities. Before you can apply for a DHS grant, you must have a DUNS number, be registered in SAM, and be approved as an Authorized Organizational Representative (AOR).

**Applicants are encouraged to register early. The registration process can take four weeks or more to be completed. Therefore, registration should be done in sufficient time to ensure it does not impact your ability to meet required submission deadlines.**

**DUNS number.** Instructions for obtaining a DUNS number can be found at the following website: <http://www.grants.gov/web/grants/applicants/organization-registration/step-1-obtain-duns-number.html>. The DUNS number must be included in the data entry field labeled "Organizational DUNS" on the SF-424 forms submitted as part of this application.

**System for Award Management.** In addition to having a DUNS number, applicants must register with SAM. Step-by-step instructions for registering with SAM can be found here: <http://www.grants.gov/web/grants/applicants/organization-registration/step-2-register-with-sam.html>.

**Authorized Organizational Representative.** A key step in the registration process is creating a username and password for the FEMA Grants Portal <https://portal.fema.gov>. Applicants and subapplicants must register the individual who is able to make legally binding commitments for the applicant/subapplicant organization as the AOR in addition to other organizational staff who will assist with creating and managing applications.



After registering on the FEMA Grants Portal, applicants and subapplicants will need to request access to the Mitigation eGrants system on the FEMA Portal. This is crucial because all applications and subapplications must be submitted via the Mitigation eGrants system on the FEMA Grants Portal.

An Access ID is required to request access to the Mitigation eGrants system. Applicants should contact their appropriate FEMA Regional Office, and subapplicants should contact their Applicant agency to get the appropriate Access ID. Contact information for the FEMA Regional Offices is provided on the FEMA website: <https://www.fema.gov/about-agency>. Contact information for the SHMOs is provided on the following FEMA webpage: <http://www.fema.gov/state-hazard-mitigation-officers>.

To read more detailed instructions for creating a profile on the FEMA Portal and registering for eGrants, see the job aid: “Registering for eGrants Accounts” on the FEMA web: <https://www.fema.gov/media-library/assets/documents/17425?id=3865>.

**AOR Authorization.** After creating a profile on the FEMA Portal and registering for Mitigation eGrants system access, FEMA Regions review eGrants access requests from applicants, and applicants review eGrants access requests from their subapplicants. Applicants should contact their appropriate FEMA Regional Office, and subapplicants should contact their state/territory agency regarding the status of their registrations. Contact information for the FEMA Regional Offices is provided on the FEMA website: <https://www.fema.gov/about-agency>. Contact information for the SHMOs is provided on the following FEMA webpage: <http://www.fema.gov/state-hazard-mitigation-officers>.

Approved users will receive an email from the eGrants system that indicates what system privileges have been authorized. “Sign/Submit” privileges are given to the AOR. Other users may be given “Create/Edit” and/or “View/Print” privileges. Once access is approved, users can login to the Mitigation eGrants system to create and manage their applications online. Only AORs, individual who can make legally binding commitments for the applicant/subapplicant organization, who have “Sign/Submit” privileges will be able to submit applications in the Mitigation eGrants system.

**Applicants and subapplicants are, therefore, encouraged to register on the FEMA Grants Portal and request access to the Mitigation eGrants system at the time of this announcement to ensure the ability to meet required submission deadlines. After you have been approved for access to the Mitigation eGrants system, you will be able to create applications online.**

**Electronic Signature.** Applications submitted through the Mitigation eGrants system constitute electronically signed applications. The registration and account creation for the AOR establishes the AOR for each applicant/subapplicant's organization. If you experience technical difficulties with the Mitigation eGrants system, please contact the helpdesk by telephone: 1-855-228-3362 or email: [MTeGrants@fema.dhs.gov](mailto:MTeGrants@fema.dhs.gov).

The Federal awarding agency may not make a Federal award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements. If an applicant has not fully complied with the requirements by the time the Federal awarding agency is ready to make a Federal award, the Federal awarding agency may determine that the applicant is not qualified to receive a Federal award and use that determination as a basis for making a Federal award to another applicant.

### **Intergovernmental Review**

An intergovernmental review may be required. Applicants must contact their State's Single Point of Contact (SPOC) to comply with the state's process under Executive Order 12372 (see <http://www.fws.gov/policy/library/rgeo12372.pdf>). Name and addresses of the SPOCs are maintained at the Office of Management and Budget's home page at [https://www.whitehouse.gov/omb/grants\\_spoc](https://www.whitehouse.gov/omb/grants_spoc) to ensure currency.

### **Funding Restrictions**

Federal funds made available through this award may only be used for the purpose set forth in this award and must be consistent with the statutory authority for the award. Award funds may not be used for matching funds for any other Federal grants/cooperative agreements, lobbying, or intervention in Federal regulatory or adjudicatory proceedings. In addition, Federal funds may not be used to sue the Federal government or any other government entity.

**Program Funding Restrictions.** No applicant may receive more than 15 percent of the appropriated PDM funding, or \$15 million, per Section 203(f)(2)(B) of the Stafford Act.

The maximum Federal share for PDM activities is as follows:

- \$4 million for mitigation projects
- \$400,000 for new mitigation plans consistent with 44 CFR Part 201
- \$300,000 for state/territorial and multi-jurisdictional local or tribal mitigation plan updates consistent with 44 CFR Part 201
- \$150,000 for single jurisdiction local or tribal mitigation plan updates consistent with 44 CFR Part 201
- 10 percent of plan and project subapplications for information dissemination activities including public awareness and education (brochures, workshops, videos, etc.) related to a proposed planning or project activity
- 5 percent of plan and project subapplication budget for subapplicant management costs for subapplicants to manage their plan or project activity (see the Management and Administration (M&A) Costs subsection below)



- 10 percent of the grant application budget for applicant management costs for applicants to administer and manage grant and subgrant activities (See the M&A Costs subsection below)

As directed by the appropriations language, FEMA will use the majority of PDM grant funding for mitigation projects.

Allowable costs are:

- Planning costs
- Training related costs
- Domestic travel costs
- Construction and renovation costs
- Equipment costs

Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Large equipment purchases must be identified and explained. For more information regarding property management standards for equipment, please reference 2 CFR Part 200, available on the internet: [http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)

Unallowable costs are:

- Exercise related costs
- Operational Overtime costs

More detailed information is available in Part III, E.1, Eligible Activities, of the HMA Guidance available at <http://www.fema.gov/media-library/assets/documents/103279>.

**Pre-Award Costs.** Pre-award costs directly related to developing the PDM grant application or subapplication incurred after the application period has opened but prior to the date of the grant award are allowed. Such costs may have been incurred prior to application submission, for example gathering NEPA data or developing a BCA (see section D, Application and Submission Information of this NOFO), preparing design specifications, or conducting workshops or meetings related to development and submission of subapplications.

Pre-award costs may be cost shared or applicants and subapplicants may identify them as their non-Federal cost share (see Cost Share or Match subsection in Section C, Eligibility Information of this NOFO).

Costs associated with implementation of the submitted grant application or subapplication incurred prior to grant award are not allowed. Mitigation activities initiated or completed prior to award are not eligible.

Applicants and subapplicants who are not awarded grants or subgrants (awards/subawards) will not receive reimbursement for the corresponding pre-award costs. More detailed information is provided in the HMA Guidance, Part IV, F.2, Pre-Award Costs, available on the FEMA website: <http://www.fema.gov/media-library/assets/documents/103279>.

**Management and Administration (M&A) Costs.** Management costs are any indirect costs and administrative expenses that are reasonably incurred in administering an award or sub-award. Applicant and subapplicant management cost activities directly related to the implementation of the PDM program, such as subapplication development, geocoding mitigation projects, delivery of technical assistance, or managing awards and staff salary costs, are eligible for PDM funding in accordance with the HMA Guidance available on the FEMA website: <http://www.fema.gov/media-library/assets/documents/103279>.

Applicants may apply for applicant management costs up to 10 percent of the total PDM grant application for management of the grant and all selected subgrants. Applicant requests for management costs must be submitted in a separate management costs subgrant application in the Mitigation eGrants system (see the Content and Form of Application Submission subsection).

Applicants and subapplicants may include subapplicant management costs up to 5 percent of the total of their planning or project subapplication to manage the proposed activity. For applicants, this is in addition to the 10 percent applicant management costs to manage the overall grant. Subapplicant management cost activities must be added to the Scope of Work section and reflected in the Cost Estimate section of planning and project subgrant applications in the Mitigation eGrants system.

Management costs are only awarded in conjunction with awarded project or planning subapplications. Applicants and subapplicants who do not receive awards/subawards for any planning or project subapplications will not receive reimbursement for management costs (see the Review and Selection Process subsection of Section E in this NOFO).

**Indirect Facilities & Administrative (F&A) Costs.** Indirect costs are allowable under this program as described in 2 CFR § 200.414. With the exception of recipients who have never received a negotiated indirect cost rate as described in 2 CFR § 200.414(f), recipients must have an approved indirect cost rate agreement with their cognizant Federal agency to charge indirect costs to this award. A copy of the approved rate (a fully executed, agreement negotiated with the applicant's cognizant federal agency) is required at the time of application and must be provided to FEMA before indirect costs are charged to the award. (See definition of recipient in the Notice of Award subsection of Section F in this NOFO.)



## **Other Submission Requirements**

### **Environmental Planning and Historic Preservation (EHP) Compliance**

Applicants and subapplicants proposing projects that have the potential to impact the environment, including but not limited to modification or renovation of existing buildings, structures and facilities, or new construction including replacement of facilities, must participate in the FEMA EHP review process. The EHP review process involves the submission of a detailed project description that explains the goals and objectives of the proposed project along with supporting documentation so that FEMA may determine whether the proposed project has the potential to adversely impact environmental resources and/or historic properties.

## **E. Application Review Information**

### **Application Evaluation Criteria**

Prior to making a Federal award, FEMA is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information. Application evaluation criteria may include the following risk based considerations of the applicant: (1) financial stability; (2) quality of management systems and ability to meet management standards; (3) history of performance in managing federal award; (4) reports and findings from audits; and (5) ability to effectively implement statutory, regulatory, or other requirements.

### **Review and Selection Process**

FEMA will review subapplications submitted by each applicant to ensure compliance with the HMA Guidance, including eligibility of the applicant and subapplicant; eligibility of proposed activities and costs; completeness of the subapplication; cost effectiveness and engineering feasibility of mitigation projects; and eligibility and availability of non-Federal cost share. For more detailed information, see Part V, Application Review Information, of the HMA Guidance available on the FEMA website: <http://www.fema.gov/media-library/assets/documents/103279>.

FEMA will select eligible subapplications up to the available PDM funding amount of \$90 million in the following order:

1. Statutory allocation of \$575,000 federal share for States, Territories and the District of Columbia (DC).

To meet the statutory requirement, FEMA will select eligible planning and project subapplications from each state, territory and DC in order of the applicant's rank (#1-x) to the lowest ranked subapplication that brings the total federal share to no more than \$575,000 (see Other Eligibility Criteria subsection under section C of this NOFO).

For example, an Applicant's #1 ranked subapplication for \$200,000 Federal share and #2 ranked subapplication for \$340,000 would be selected for the allocation; however, the #3 ranked subapplication for

\$575,000 and any other eligible subapplications would be considered on a competitive basis in priority category 3 below.

2. Tribal set aside of \$10 million for federally-recognized Native American tribes, not to exceed \$575,000 federal share per tribal applicant.

FEMA will set aside \$10 million for federally-recognized Native American tribes applying directly to FEMA as applicants. FEMA will select eligible planning and project subapplications for each tribal applicant in order of the tribe's rank (#1–x) to the lowest ranked subapplication that brings the total federal share to no more than \$575,000, not to exceed a total of \$10 million.

3. Competitive Funding.

After meeting the statutory requirement for state/territory allocations and the tribal set aside, FEMA will select from the remaining eligible planning and project subapplications from all applicants on a competitive basis up to the available amount of funding.

If an applicant submits projects in excess of the limit for competitive consideration (see Other Eligibility Criteria subsection under section C of this NOFO), then FEMA will only review the highest ranked competitive project subapplications up to the limit.

FEMA will select subapplications for competitive funding in the following order:

- a. Multi-state/tribal mitigation initiatives.

FEMA will select one eligible multi-state/tribal mitigation planning or project subapplication per applicant.

- b. Planning subapplications from applicants that have less than \$400,000 HMGP planning funds available.

FEMA will select eligible planning subapplications from applicants that have less than \$400,000 HMGP planning funds available (see Hazard Mitigation Grant Program subsection in Section H of this NOFO).

- c. Project subapplications from applicants that have less than \$4 million HMGP regular project funds available.

FEMA will select eligible project subapplications from applicants that have less than \$4 million HMGP regular project funds in the following order:



- i. Non-flood hazard (e.g., seismic, wildfire, landslide, wind and drought) mitigation projects
  - ii. Flood mitigation activities except acquisition, elevation, or mitigation reconstruction (e.g., stormwater management and flood control measures)
  - iii. Acquisition, elevation and mitigation reconstruction projects
  - iv. Generators for critical facilities identified in a FEMA-approved Mitigation Plan
- d. Planning subapplications from applicants that have \$400,000 or more HMGP planning funds available.

FEMA will select eligible planning subapplications from applicants that have \$400,000 or more HMGP planning funds available.

- e. Project subapplications from applicants that have \$4 million or more HMGP regular project funds available.

FEMA will select eligible project subapplications from applicants that have \$4 million or more HMGP regular project funds available in the following order:

- i. Non-flood hazard mitigation projects
  - ii. Flood mitigation activities except acquisition, elevation, or mitigation reconstruction
  - iii. Acquisition, elevation and mitigation reconstruction projects
  - iv. Generators for critical facilities identified in a FEMA-approved Mitigation Plan

FEMA will further prioritize planning and project subapplications in priority categories 2 and 3 above, as needed, in the following order:

1. Subapplicant's small impoverished community status (see Cost Share or Match subsection under section C of this NOFO);
2. Indication of public-private partnership (i.e., whether private sector funding is included in the required non-federal cost share);
3. Subapplicant's FEMA-validated residential or commercial Building Code Effectiveness Grading Schedule (BCEGS) rating, as appropriate to the activity type, from a grade of 1 to 10;
4. FEMA-validated Benefit Cost Ratio (BCR) for projects (see Benefit Cost Analysis for Mitigation Projects subsection under section D of this NOFO); and
5. The applicant's rank of subapplications (see Content and Form of Application Submission subsection under Section D of this NOFO).

For more information on BCEGS, please visit the Insurance Services Office - Mitigation website: <https://www.isomitigation.com/bcegs/iso-s-building-code-effectiveness-grading-schedule-bcegs.htm>.

FEMA may select a subapplication out of priority order based upon one or more of the following factors:

- Availability of funding;
- Duplication of subapplications;
- Program priorities and policy factors; and,
- Other pertinent information.

FEMA will ensure the majority of funding will be for selected mitigation projects, per the 2017 appropriations report language.

FEMA will designate the selected planning and project subapplications as Identified for Further Review. Applicants with planning and/or project subapplication(s) that are Identified for Further Review that submitted a management costs subapplication in their PDMC grant application (see Content and Form of Application Submission subsection in section C of this NOFO) are eligible to receive applicant management costs not to exceed 10 percent of the selected planning and project subapplications.

Eligible subapplications that are not Identified for Further Review due to a lack of available funding will be given a status of Not Selected.

Planning and project subapplications that do not satisfy the eligibility and completeness requirements and projects that exceed the competitive project application limit (see Other Eligibility Criteria under Section C of this NOFO) will be given a status of Does Not Meet HMA Requirements.

At its discretion, FEMA may review a decision regarding a planning or project subapplication that is Not Selected or Does Not Meet HMA Requirements only where there is an indication of substantive technical or procedural error that may have influenced FEMA's decision. There will be no reconsideration regarding the amount of management costs. Applicants must send requests for reconsideration based upon technical or procedural error to their FEMA Regional Office within 60 days of the posting of subapplication status (see Anticipated Announcement and Federal Award Dates section in this NOFO). Subapplicants should contact their applicant agency regarding reconsideration requests, so that the applicant may submit it to FEMA on their behalf. Contact information for each SHMO is provided at <http://www.fema.gov/state-hazard-mitigation-officers>.

The Regional Office will review reconsideration requests received from Applicants and submit the regional recommendation to FEMA Headquarters. FEMA Headquarters will make a final determination to overturn or uphold the original decision and send the response to the Applicant.



If FEMA determines that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the award, as specified in the HMA Guidance, Part VI, B, which is available on the internet at <http://www.fema.gov/media-library/assets/documents/103279>.

If the anticipated Federal award amount will be greater than the simplified acquisition threshold, currently \$150,000 (see 2 CFR § 200.88):

- i. Prior to making a Federal award with a total amount of Federal share greater than the simplified acquisition threshold, DHS is required to review and consider any information about the applicant that is in the designated integrity and performance system accessible through SAM (currently FAPIIS).
- ii. An applicant, at its option, may review information in the designated integrity and performance systems accessible through SAM and comment on any information about itself that a Federal awarding agency previously entered and is currently in the designated integrity and performance system accessible through SAM.
- iii. DHS will consider any comments by the applicant, in addition to the other information in the designated integrity and performance system, in making a judgment about the applicant's integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicants as described in 2 CFR § 200.205 Federal awarding agency review of risk posed by applicants.

#### **Anticipated Announcement and Federal Award Dates**

FEMA anticipates announcing the status of applications by the Projected Funding Selection Date of 01/30/2018.

FEMA will post the status of the planning and project subapplications on the FEMA website: <https://www.fema.gov/pre-disaster-mitigation-grant-program> and alert PDM webpage subscribers when the results of the review are published. For information on how to sign up for a FEMA webpage subscription, visit <https://www.fema.gov/subscribe-receive-free-email-updates>.

Applicants with planning/project subapplications that are Identified for Further Review will receive notification through the Mitigation eGrants system via an automatic e-mail to the point(s) of contact designated in the Contact Information section of their PDM grant application. Subapplicants should contact their Applicant agency for information. Contact information for each SHMO is provided at <http://www.fema.gov/state-hazard-mitigation-officers>.

## **F. Federal Award Administration Information**

### **Notice of Award**

FEMA will provide the Federal award package to the Applicant electronically via the Mitigation eGrants system. Award packages include an award letter, Obligating Document for Awards/Amendments, and Articles of Agreement, including EHP review and/or other conditions. An email notification of the award package will be sent through the eGrants system to the Applicant point(s) of contact designated in the Contact section of their PDM grant application. See 2 CFR § 200.210, Information contained in a Federal award:

<http://www.gpo.gov/fdsys/granule/CFR-2014-title2-vol1/CFR-2014-title2-vol1-sec200-210>.

When FEMA obligates funds for a grant to an applicant, the applicant and subapplicant are denoted as recipient and subrecipient, respectively. The recipient and subrecipient agree to abide by the grant award terms and conditions as set forth in the Articles of Agreement provided in the award package. Recipients must accept all conditions in this NOFO as well as any Special Terms and Conditions. For detailed information, see the HMA Guidance, Part VI, A on the FEMA website: <http://www.fema.gov/media-library/assets/documents/103279>.

### **Administrative and National Policy Requirements**

All successful applicants for all DHS grant and cooperative agreements are required to comply with DHS Standard Administrative Terms and Conditions. The terms & conditions are located on the FAPO DHS Connect website in the *Standardized Formats and Templates* folder in the Document Library at the following location: <https://www.dhs.gov/publication/fy15-dhs-standard-terms-and-conditions>. The applicable DHS Standard Administrative Terms and Conditions will be those in effect at the time in which the award was made.

The AOR should carefully read the award package for instructions on administering the grant award and the terms and conditions associated with responsibilities under Federal Awards. Recipients must accept all conditions in this NOFO as well as any Special Terms and Conditions in the Notice of Award to receive an award under this program.

**Mitigation Plan Requirement.** All applicants and subapplicants must have a FEMA approved Mitigation Plan at the time of obligation of grant funds (as well as by the application deadline) to receive a project award under this program in accordance with Title 44 CFR Part 201. FEMA may grant an exception for the local or Tribal Mitigation Plan requirement to allow award of the project in extraordinary circumstances when justification is provided. More detailed information is provided Part III, E.5.3, Extraordinary Circumstances, of the HMA Guidance available on the internet at <http://www.fema.gov/media-library/assets/documents/103279>.



**Environmental Planning and Historic Preservation (EHP) Compliance.** As a Federal agency, FEMA is required to consider the effects of its actions on the environment and/or historic properties to ensure that all activities and programs funded by the agency, including grants-funded projects, comply with Federal EHP regulations, laws and Executive Orders as applicable. In some cases, FEMA is also required to consult with other regulatory agencies and the public in order to complete the review process. The EHP review process must be completed before funds are released to implement the proposed project. FEMA will not fund projects that are initiated without the required EHP review.

**Construction Project Requirements.** Acceptance of Federal funding requires FEMA, the recipient and any subrecipients to comply with all Federal, state and local laws prior to the start of any construction activity. Failure to obtain all appropriate Federal, state and local environmental permits and clearances may jeopardize Federal funding.

1. Any change to the approved scope of work will require re-evaluation by FEMA for recipient and subrecipient compliance with the NEPA and other laws and Executive Orders.
2. If ground disturbing activities occur during construction, the recipient and any subrecipients must ensure monitoring of ground disturbance, and if any potential archaeological resources are discovered, the subrecipient will immediately cease construction in that area and notify the recipient and FEMA.

**Acquisition Project Requirements.** The subrecipient must provide FEMA with a signed copy of the Statement of Voluntary Participation for each property post-award. The Statement of Voluntary Participation formally documents the Notice of Voluntary Interest and information related to the purchase offer. The Statement of Voluntary Participation is available on the FEMA website at <https://www.fema.gov/media-library/assets/documents/13708>.

Subrecipients must apply deed-restriction language to all acquired properties to ensure that the property is maintained in perpetuity as open space consistent with natural floodplain functions, as agreed to by accepting FEMA mitigation award funding. Deed-restriction language is applied to acquired properties by recording the open space and deed restrictions. The FEMA Model Deed Restriction is available on the FEMA website at <https://www.fema.gov/media-library/assets/documents/28496>.

## **Reporting**

Recipients are required to submit financial and programmatic reports to FEMA as a condition of their award acceptance throughout the period of performance, including partial calendar quarters, as well as for periods where no grant award

activity occurs. Future awards and fund drawdowns may be withheld if these reports are delinquent, demonstrate lack of progress, or are insufficient in detail.

The following reporting periods and due dates apply:

Reporting Period	Report Due Date
October 1 – December 31	January 30
January 1 – March 31	April 30
April 1 – June 30	July 30
July 1 – September 30	October 30

**Federal Financial Reporting Requirements.** Recipients must report obligations and expenditures on a quarterly basis through the Federal Financial Reporting (FFR), SF-425, to DHS/FEMA. Recipients must file the FFR electronically using the Payment and Reporting System (PARS). Award recipients must submit an FFR quarterly throughout the period of performance, including partial calendar quarters, as well as for periods where no grant award activity occurs. FEMA may withhold future awards and fund drawdowns if these reports are delinquent, demonstrate lack of progress, or are insufficient in detail.

The SF-425, FFR form, *OMB #4040-0014*, is available from the Grants.gov website: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html>.

**Financial and Compliance Audit Report.** For audits of fiscal years beginning on or after December 26, 2014, recipients that expend \$750,000 or more from Federal funding sources during their fiscal year are required to submit an organization-wide financial and compliance audit report. The audit must be performed in accordance with the requirements of Government and Accountability Office's (GAO) Government Auditing Standards, located at <http://www.gao.gov/govaud/ybk01.htm>, and the requirements of Subpart F of 2 C.F.R. Part 200, located at <http://www.ecfr.gov/cgi-bin/text-idx?SID=55e12eead565605b4d529d82d276105c&node=2:1.1.2.1.1.6&rgn=div6>.

For audits of fiscal years beginning prior to December 26, 2014, recipients that expend \$500,000 or more from Federal funding sources during their fiscal year are required to submit an organization-wide financial and compliance audit report. The audit must be in accordance with GAO's Government Auditing Standards, located at <http://www.gao.gov/govaud/ybk01.htm>, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, located at <https://www.whitehouse.gov/omb/information-for-agencies/circulars>.

**Program Performance Reporting Requirements.** Recipients must report on the progress of the grant on a quarterly basis to DHS/FEMA using the Quarterly Performance Report in the eGrants system, *OMB #1660-0072*. The Quarterly Performance Reports must be electronically submitted in eGrants quarterly



throughout the period of performance, including partial calendar quarters, as well as for periods where no grant award activity occurs. Reports are due within 30 days from the end of the first Federal quarter following the initial grant award and thereafter until the grant ends.

**Close Out Reporting Requirements.** Within 90 days after the end of the period of performance, or after an amendment has been issued to close out a grant, whichever comes first, recipients must submit a final SF-425, FFR and final progress report detailing all accomplishments and a qualitative summary of the impact of those accomplishments throughout the period of performance.

If applicable, an inventory of all construction projects that used funds from this program has to be reported using the Real Property Status Report (SF-429), OMB #4040-0016, available on the Grants.gov website:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html>.

After FEMA has reviewed and approved these reports, FEMA will issue a close-out notice to the recipient to close out the grant. The notice will indicate the period of performance as closed, list any remaining funds that will be deobligated, and address the requirement of maintaining the grant records for three years from the date of the final FFR.

The recipient is responsible for returning any funds that have been drawn down but remain as unliquidated on recipient financial records.

#### **G. DHS Awarding Agency Contact Information**

##### **Contact and Resource Information**

**Program Questions.** General questions about the PDM program can be directed to the appropriate FEMA Regional Office or SHMO. Contact information for FEMA Regional Offices is provided at <http://www.fema.gov/about-agency>. Contact information for each SHMO is provided at <http://www.fema.gov/state-hazard-mitigation-officers>.

The HMA Helpline is available via telephone: 1-866-222-3580 or email: [HMAGrantsHelpline@fema.dhs.gov](mailto:HMAGrantsHelpline@fema.dhs.gov).

**Financial and Administrative Questions.** FEMA Regional Assistance Officers manage, administer and conduct application budget review, create the award package, approve, amend and close out awards, as well as conduct cash analysis, financial monitoring, and audit resolution for this program. Contact the appropriate FEMA Regional Office for additional information. Contact information for FEMA Regional Offices is provided at <http://www.fema.gov/about-agency>.

**Technical Assistance.** Upon request, FEMA will provide technical assistance to applicants and subapplicants in preparing applications. FEMA encourages

applicants and subapplicants to seek technical assistance early in the application period by contacting their appropriate FEMA Regional Office. Contact information for FEMA Regional Offices is provided at <http://www.fema.gov/about-agency>.

For questions about cost effectiveness and FEMA's BCA software, contact the BC Helpline via telephone: 1-855-540-6744 or email: [BCHelpline@fema.dhs.gov](mailto:BCHelpline@fema.dhs.gov).

The Feasibility and Effectiveness Helpline is available for guidance on FEMA Building Science publications via email: [FEMA-BuildingScienceHelp@fema.dhs.gov](mailto:FEMA-BuildingScienceHelp@fema.dhs.gov).

A Helpline for guidance on FEMA Safe Room publications is available via email: [Saferoom@fema.dhs.gov](mailto:Saferoom@fema.dhs.gov).

For questions about NEPA or EHP requirements, the EHP Helpline is available via telephone: 1-866-222-3580 or email: [ehhelpline@fema.dhs.gov](mailto:ehhelpline@fema.dhs.gov).

The EHP POC is  
Portia Ross, CFM  
Integration and Technology Branch Chief  
Office of Environmental Planning and Historic Preservation  
FEMA / DHS  
500 C Street, SW  
Washington, DC 20472  
Desk: 202-212-5929  
Cell: 303-386-2316  
[portia.ross@fema.dhs.gov](mailto:portia.ross@fema.dhs.gov)

Resources and job aids intended to help applicants and subapplicants prepare mitigation planning and project applications are available on FEMA's Hazard Mitigation Assistance web page: <https://www.fema.gov/application-development-1>. FEMA has developed publications that specify the documentation and information necessary for FEMA to review project applications for feasibility and effectiveness, cost effectiveness, and potential impacts on environmental and cultural resources: <https://www.fema.gov/hazard-mitigation-assistance-publications>.

**Mitigation eGrants System.** Information, training and resources on the Mitigation eGrants system for applicant and subapplicant users are available on the FEMA website: <http://www.fema.gov/mitigation-egrants-system-0>. The eGrants Helpdesk can be reached via telephone: 1-855-228-3362 or email: [MTeGrants@fema.dhs.gov](mailto:MTeGrants@fema.dhs.gov).



## **H. Additional Information**

### **Extensions**

Extensions to this program are allowed, per HMA Guidance, Part VI, D.4.1 available on the internet at <http://www.fema.gov/media-library/assets/documents/103279>.

Recipients must submit proposed extension requests to FEMA for review and approval at least 60 days prior to the expiration of the grant period of performance.

Extensions to the initial period of performance identified in the award will be considered only through formal, written requests to the recipient's respective Region and must contain specific and compelling justification as to why an extension is required. Recipients are advised to coordinate with the Region as needed when preparing an extension.

All extension requests must address the following:

1. Grant Program, Fiscal Year, and award number;
2. Verification that progress has been made as described in quarterly reports;
3. Reason for delay – this must include details of the legal, policy, or operational challenges being experienced that prevent the final outlay of awarded funds by the applicable deadline;
4. Current status of the activity/activities;
5. Approved period of performance termination date and new project completion date;
6. Amount of funds drawn down to date;
7. Remaining available funds, both Federal and non-Federal;
8. Budget outlining how remaining Federal and non-Federal funds will be expended;
9. Plan for completion including milestones and timeframes for achieving each milestone and the position/person responsible for implementing the plan for completion; and
10. Certification that the activity/activities will be completed within the extended period of performance without any modification to the original Statement of Work approved by FEMA.

Requests for extensions to a grant period of performance will be evaluated by FEMA but will not be approved automatically. The Regional Administrator can extend the period of performance for up to twelve months with justification. All requests to extend the grant period of performance beyond twelve months from the original grant termination date must be approved by FEMA Headquarters.

### **Other**

#### **Related HMA Programs**

**Hazard Mitigation Grant Program.** The Hazard Mitigation Grant Program (HMGP) is authorized by Section 404 of the Stafford Act, 42 U.S.C. 5170c. The key purpose of HMGP is to ensure that the opportunity to take critical mitigation measures to reduce the risk of loss of life and property from future disasters is not lost during the reconstruction process following a disaster. HMGP funding is available, when authorized under a Presidential major disaster declaration, in the

areas of the State requested by the Governor. Tribal governments may also submit a request for a major disaster declaration within their impacted areas.

The amount of HMGP funding available to the Applicant is based on the estimated total of Federal assistance, subject to the sliding scale formula outlined in 44 CFR § 206.432(b) that FEMA provides for disaster recovery under the Presidential major disaster declaration. The formula provides for up to 15 percent of the first \$2 billion of estimated aggregate amounts of disaster assistance, up to ten percent for amounts between \$2 billion and \$10 billion, and up to 7.5 percent for amounts between \$10 billion and \$35.333 billion. For States with enhanced plans, the eligible assistance is up to 20 percent for estimated aggregate amounts of disaster assistance not to exceed \$35.333 billion. No more than seven percent of the HMGP funds available may be used for mitigation planning. The remaining funds may be used for projects. Local governments are considered subapplicants and must apply to their applicant state/territory who then may apply to FEMA on their behalf.

**Flood Mitigation Assistance.** The Flood Mitigation Assistance (FMA) program is authorized by Section 1366 of the National Flood Insurance Act of 1968, as amended (NFIA), 42 U.S.C. 4104c, with the goal of reducing or eliminating claims under the National Flood Insurance Program. FMA funding is available through National Flood Insurance Fund for flood hazard mitigation projects as well as plan development and is appropriated by Congress.

The total amount of funds distributed for FMA is determined once the appropriation is provided for a given Fiscal Year. All 50 States, the District of Columbia, U.S. Territories, and Federally-recognized Native American Tribal governments are eligible to apply for FMA funds. Projects that mitigate severe repetitive loss and repetitive loss properties are the priority for FMA funding. Local governments are considered subapplicants and must apply to their applicant state/territory who then may apply to FEMA on their behalf.

Further information regarding these programs is available in the HMA Guidance on the FEMA website: <http://www.fema.gov/media-library/assets/documents/103279>.

### **Payment**

FEMA utilizes PARS for financial reporting, invoicing and tracking payments. Additional information on PARS can be obtained at <https://isource.fema.gov/sf269/execute/LogIn?sawContentMessage=true>.

FEMA uses the Direct Deposit/Electronic Funds Transfer (DD/EFT) method of payment to recipients. To enroll in the DD/EFT, the recipient must complete a SF-1199A, Direct Deposit Form.



### **Conflict of Interest**

To eliminate and reduce the impact of conflicts of interest in the subaward process, recipients must follow their own policies and procedures regarding the elimination or reduction of conflicts of interest when making subawards. Recipients are also required to follow any applicable State, local, or tribal statutes or regulations governing conflicts of interest in the making of subawards.

The recipient must disclose to FEMA, in writing, any real or potential conflict of interest as defined by the Federal, state, local, or tribal statutes or regulations or their own existing policies that may arise during the administration of the federal award. Recipients must disclose any real or potential conflicts to the FEMA Program Analyst within fifteen days of learning of the conflict of interest, per HMA Guidance Part III, D.2 available on the internet at <http://www.fema.gov/media-library/assets/documents/103279>. Similarly, subrecipients must disclose any real or potential conflict of interest to the recipient as required by the recipient's conflict of interest policies, or any applicable State, local, or tribal statutes or regulations.

Conflicts of interest may arise during the process of FEMA making a Federal award in situations where a FEMA employee, officer, or agent, any members of his or her immediate family, or his or her partner has a close personal relationship, a business relationship, or a professional relationship, with an applicant, subapplicant, recipient, subrecipient, or FEMA employee.

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**From:** Gabriel, Edward (OS/ASPR/IO)  
**Sent:** 28 Sep 2017 17:20:38 +0000  
**To:** Massoudi, Mehran (HHS/OASH); Gabriel, Edward (OS/ASPR/IO)  
**Subject:** FW: Harvey Recovery Task Force  
**Attachments:** Joshua Barnes\_HSS RSF National Coordinator2.pdf, Recovery issue spotlight tracker - Harvey- 9-27-17 .xlsx, hastings field coordinator designation memo.pdf, Bryon Mason HSS FL Hurricane Irma.pdf, HARVEY RECOVERY SLB 26SEP2017\_V1.pdf

-----Original Appointment-----

**From:** Gabriel, Edward (OS/ASPR/IO)  
**Sent:** Monday, September 18, 2017 12:42 PM  
**To:** Gabriel, Edward (OS/ASPR/IO); Recovery Task Force - 2017 Harvey; Andrews, Sean (OS/ASPR/IO); Hadzibegovic, Diana (OS/ASPR/OEM); Mason, Byron (OS/ASPR/OEM); Pavetto, Carl (FDA/OC); Barnes, Joshua (OS/ASPR/OEM); Fantinato, Jessica (OS/ASPR/OEM); Bratcher-Bowman, Nikki (HHS/IEA); Jones, Wanda K. (DHHS/OS/OASH); Pilato, Anna (ACF); Hastings, Elizabeth (OS/ASPR/OEM); Gettinger, Andrew (OS/ONC); Sherman, Susan (HHS/OGC); Woolfolk, Jyl (OS/ASPR/OPP); Ford-Barnes, Arwenithia (HHS/ASPR/IO); Finne, Kristen (OS/ASPR/OPP); Johnson, Kelly J. (OS/ASPR/OPP) (CTR); Robertson, Lance (ACL); Oidtman, Jessica (OS/ASPR/OPP); Ponton, Wendy (HRSA); Cordova, Jon (OS/ASA); Herron, Anne (SAMHSA/OPPI); Delarosa, Mary (OS/ASPR/OPP); Nicholls, Richard (ACL); Robinson, Vicki L (OIG/IO); Lennon, Todd (HRSA); Nevel, Amy (HHS/ASPE); Burney, Tabinda (OS/ASPR/OEM); Herrmann, Jack (HHS/ASPR/OPP); Redd, Stephen (CDC/OPHPR/OD); Levine, Cheryl (OS/ASPR/OPP); Nelson, Rachel (OS/ONC); Leary, Adam (OS/ASPR/OEM); Chase, Jabal L. (CMS/CQISCO); Max Hamel; Teuscher, David (HHS/IEA); Ray Gorrie, Jennifer (HHS/OGC); Davis, Ruth M (OIG/IO); Garza, Roberto (ACF); Bowens, Michael (HRSA); Tabak, Lawrence (NIH/OD) [E]; Meeks, Kevin (IHS/OKC/AO); Gentile, John (HHS/ASFR); Arnold, Sharon (AHRQ/IOD); Clark, Barbara (HHS/ASL); Black, Jodi (NIH/OD) [E]; Bulls, Michelle G. (NIH/OD) [E]; Yeskey, Kevin (OS/ASPR/IO) (CTR); Miller, Caitlyn (OS/ASFR); Massoudi, Mehran (HHS/OASH)  
**Cc:** Maddry, Lisa (OS/ASPR/OEM); Fischer, Rachel (OS/ASPR/OEM) (CTR); Moughalian, Jen (HHS/ASFR); EMG Recovery (OS/ASPR); Kemper, Laura (HHS/ASL); Logan, Robert D. (ACL); Roach-Seymour, Sonia (OS/ASPR/OEM) (CTR); Ciambuschini, Karen (HRSA); Colf, Leremy (HHS/ASPR/OPP)  
**Subject:** Harvey Recovery Task Force  
**When:** Friday, September 29, 2017 10:00 AM-11:00 AM (UTC-05:00) Eastern Time (US & Canada). (b)(6)  
**Where:** APSR Main Conference Room Humphrey Suite 638G | Conference Line: 202-774-2300, PIN: (b)(6)



Placeholder for the 2017 Harvey Recovery Task Force Weekly Meetings. Meeting materials will be sent around no later than the Wednesday COB prior to the meeting. Please contact Joshua Barnes ([joshua.barnes@hhs.gov](mailto:joshua.barnes@hhs.gov)) with any questions or concerns.

To participate in the WebEx:

- [WebEx Link](#)
- **ASPR users:** use Internet Explorer. If you are properly logged in to WebEx Assistant, you will be redirected immediately. If not, enter in your name and email address (do NOT change the "Meeting Password"), and



click “Join”. If prompted for a user name and password, it is your HHS email address and ITIO password.

- **Non-ASPR Users:** Enter in your name and email address (do NOT change the “Meeting Password”), click “Join”. If prompted, click “Run a temporary application” and follow the prompts (you will not need admin privileges to run this software).
- Click on the “Audio Connection” button.
- Follow the instructions for your preferred audio connection method (if you have not tested your computer audio prior to the meeting, please call in via the listed teleconference line).

Audio Only Users:

Conference Line: 202-774-2300

Pin: (b)(6)



September 2, 2017

Edward J. Gabriel, MPA, EMT-P, CEM, CBCP  
Principal Deputy Assistant Secretary  
Assistant Secretary for Preparedness and Response  
200 C Street SW  
Washington, DC 20024

Joshua Barnes  
Acting Division Director, Recovery Division  
Office of Emergency Management  
200 C Street SW  
Washington, DC 20024

Dear Mr. Barnes,

You are hereby appointed as the Health and Social Services (HSS) Recovery Support Function (RSF) National Coordinator as described in the National Disaster Recovery Framework and under the Public Health Service Act, as amended.

The HSS RSF National Coordinator is charged with leading the operational coordination requirements for implementing the HSS RSF nationwide. This will include all active, emerging, or long-term recovery missions to coordinate the actions of HQ-level department and agency activities to affect a successful outcome of RSF field operations. In this capacity, you are the designated representative of the Deputy Assistant Secretary (DAS) of the Office of Emergency Management (OEM) for matters regarding recovery. The DAS of OEM provides the HSS RSF National Coordinator with broad strategic guidance to ensure the most appropriate recovery posture to ensure the capabilities of the Department of Health and Human Services (HHS) and RSF departments and agencies are fully engaged.

With this letter, I delegate to you the authority to exercise the following duties and powers of the Director, Office of Emergency Management for recovery missions occurring in 2017-2018:

1. The HSS RSF National Coordinator is the HQ-level focal point for HSS RSF or an HHS recovery effort led by the Assistant Secretary for Preparedness and Response (ASPR).
2. The HSS RSF National Coordinator represents the Agency in politically sensitive environments and support the HSS RSF Field Coordinator for all field-related requirements.
3. The HSS RSF National Coordinator provides strategic direction, coordinates information, and ensures all recovery field operations are outcome-driven with a strong emphasis on supporting state and local jurisdictions.
4. When necessary, the HSS RSF National Coordinator will adjudicate recovery policy issues with the Federal Disaster Recovery Coordinator (FDRC), State Disaster Recovery



- Coordinator (SDRC), and appropriate RSFs and the appropriate senior health and social services officials in the impacted state or jurisdiction.
5. The HSS RSF National Coordinator delegates authority to the lowest effective levels so recovery staff are empowered to act within the scope of their responsibilities.
  6. The HSS RSF National Coordinator work with the HSS RSF Field Coordinator to facilitate mission demobilization decisions with the appropriate stakeholders.
  7. HHS OPDIVs and STAFFDIVs action officers will be expected to work through the HSS RSF National Coordinator in the operational delivery of assets, resources, and technical assistance to support a recovery mission.
  8. During a recovery mission, the HSS RSF National Coordinator shall ensure minimum weekly daily discussions occur with the DAS (or designee) to develop:
    - a. Common understanding of priorities and limitations
    - b. Information flow and coordination to ensure accurate situational awareness
    - c. Validation of HHS/HSS RSF missions as needed
    - d. Strategic objectives
    - e. Validation and response to requests for HHS/HSS RSF assistance

You will serve as the HSS RSF National Coordinator. Accordingly, my management expectations provided to the Federal Disaster Recovery Coordinator are incorporated here by reference.

Any re-delegation of this authority must contain the statement that this authority may not be further re-delegated.

Thank you for your willingness to serve in this important position. Please know that you have my full support as you carry out your responsibilities.

Best regards,



Edward J. Gabriel, MPA, EMT-P, CEM, CBCP  
Principal Deputy Assistant Secretary

cc:

Federal Disaster Recovery Coordinator  
Assistant Secretary for Preparedness and Response

## Hurricane Harvey Stoplight Issue Tracker

**Updated On: 9/27/17**

### Core Mission Area/Issue Area

#### Public Health

Disease surveillance issues

Epidemiological assessments of flood water exposure

Mortality/Injuries

Public health messaging issues/risks



## Persistent public health risk questions

## Health Care Services Impacts

## Hospital Rebuilding Issues

## Hospital Utilities Issues

## Hospital Functionality Issues

## Rural Health Clinics

## Health Care Access for Vulnerable Populations

Blood Banks

Clinics

Dialysis Centers/Treatment

Long-term Care Facilities

Nursing Homes/Assisted Living Facilities

Home and Community-based Services (non-facility based)

Intermediate Care

Pharmacies/Prescription Access

Pharmacy Restoration

Mobile/Urgent Clinics



## Behavioral Health Impacts

Disaster-caused service access deficits

Impacts to practitioner/behavioral health support network

Domestic violence issues

Substance Abuse Treatment/Access

Stress management issues

Known incidents of suicide

Crisis Counseling Program

Methadone/Opioid Clinics

## Environmental Health Impacts

Potable Water Quality

Private well issues

Debris Contamination Issues

Air quality Issues

Mold and related issues



Vector control

Wastewater

Water Systems

Chemical Pollutants

Provide technical assistance regarding site-specific hazards and their implications related to recovery

### **Food Safety and Regulated Medical Products**

Overall food safety

Issues for regulated biologics facilities

Issues for medical device manufacturers and supply chain

Issues for facilities producing medicines

Issues for human food establishments

Food safety of meat, poultry, and processed egg products

Vaccines

### **Long-term Health Issues Specific to Responders**

Health and safety concerns for professional responders



Health and safety concerns for community responders

Health and safety concerns for volunteers

Responder monitoring issues

Responder behavioral health care issues

### **Social Services Impacts**

Assess disaster-related structural, functional and operational impacts to social services facilities

Assess disaster-related impacts to at-risk individuals

Issues associated with temporary housing

### **Referral to Social Services/Disaster Case**

Disaster case management issues

Known unmet needs from disaster case management

Issues integrating family case work into  
VOAD/philanthropic networks

Social Services Impacts

Deficiencies in access to disaster case management

### **Children and Youth in Disasters**

Facilitate technical assistance, programs, and activities to support children and youth who are displaced as a result of the disaster including access to school and access to healthy meal services

Identify behavioral health needs of children, youth, expectant and nursing mothers and provide age-

Center-based Child Care

Impact to foster care network

Head Start Status

Unaccompanied alien children issues

Displaced children homelessness (disaster-caused)



School Status

Higher Education

Students displaced

Child Nutrition

Child transportation issues (to/from school, child care)



September 2, 2017

Don R. Boyce, JD  
Deputy Assistant Secretary  
Director, Office of Emergency Management  
200 C Street SW  
Washington, DC 20024

CDR Elizabeth Hastings, MSW  
Recovery Division  
Office of Emergency Management  
200 C. St, SW  
Washington, DC 20024

Dear CDR Hastings,

You are hereby appointed as the Health and Social Services (HSS) Field Coordinator for Texas DR - 4332 under the National Disaster Recovery Framework and the Public Health Service Act, as amended.

The Field Coordinator is charged with shaping and leading the Federal Health and Social Services Recovery for the Recovery Support Function (RSF) as defined in the National Disaster Recovery Framework in the field as the designated representative of the HSS National Coordinator. The HSS National Coordinator provides the Field Coordinator with broad strategic guidance to ensure the most appropriate response posture specific to each incident or event.

With this letter, I delegate to you the authority to exercise the following duties and powers of the Director, Office of Emergency Management for this incident/event:

1. The HSS RSF Field Coordinator is the regional focal point for the HSS RSF activities led by Office of the Assistant Secretary for Preparedness and Response (ASPR).
2. Regional and field deployed Department of Health and Human Services (HHS) staff supporting the recovery mission are expected to report to the HSS RSF Field Coordinator upon arrival and maintain a consistent, appropriate level of coordination and communication about their recovery activities.
3. The HSS RSF Field Coordinator represents the Agency in politically sensitive environments, but exercises discretion in deferring senior leadership decisions to the HSS National Coordinator.
4. The HSS RSF Field Coordinator coordinates information, decisions, and recovery activities with the FHCO, Federal Disaster Recovery Coordinator (FDRC), State Disaster Recovery Coordinator (SDRC), appropriate RSFs and the appropriate senior health and social services officials in the impacted state or jurisdiction.

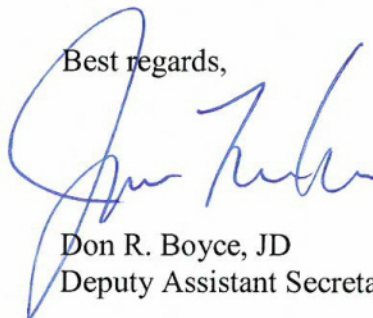
5. The HSS RSF Field Coordinator provides leadership, guidance, support and direction to the RSF Team to execute HHS/RSF Mission Assignments, in accordance with duties described in bullet number four (4).
6. The HSS RSF Field Coordinator enables internal and external RSF partner agencies to fully execute their existing authorities, but serves to coordinate and when necessary deconflict competing recovery actions.
7. The HSS RSF Field Coordinator determines the need for liaisons and dispatches them to key locations.
8. The HSS RSF Field Coordinator develops a mission demobilization plan with the HSS RSF National Coordinator, FDRC, and with the appropriate stakeholders.
9. During a recovery mission, the HSS RSF Field Coordinator shall ensure daily discussions occur with the HSS National Coordinator (or designee) to develop:
  - a. Common understanding of priorities and limitations
  - b. Information flow and coordination to ensure accurate situational awareness
  - c. Validation of HHS/HSS RSF missions as needed
  - d. Strategic objectives
  - e. Validation and response to requests for HHS/HSS RSF assistance

CDR Hastings, you will serve as the HSS RSF Field Coordinator. Accordingly, my management expectations provided to the Federal Disaster Recovery Coordinator and HSS RSF National Coordinator are incorporated here by reference. You will be rotated out of theater at time and frequency at the discretion of the HSS RSF National Coordinator. At which point, you will transition to your backfill replacement.

Any re-delegation of this authority must contain the statement that this authority may not be further re-delegated.

Thank you for your willingness to serve in this important position. Please know that you have my full support as you carry out your responsibilities.

Best regards,



Don R. Boyce, JD  
Deputy Assistant Secretary

Don Boyce

cc:

Federal Disaster Recovery Coordinator  
HSS RSF National Coordinator





September 2, 2017

Don R. Boyce, JD  
Deputy Assistant Secretary  
Director, Office of Emergency Management  
200 C Street SW  
Washington, DC 20024

Mr. Byron Mason  
OEM Recovery Divisions  
200 C. St, SW  
Washington, DC 20024

Dear Mr. Mason,

You are hereby appointed as the Health and Social Services (HSS) Field Coordinator for Florida DR – 4337- Hurricane Irma, under the National Disaster Recovery Framework and the Public Health Service Act, as amended.

The Field Coordinator is charged with shaping and leading the Federal Health and Social Services Recovery for the Recovery Support Function as defined in the National Disaster Recovery Framework in the field as the designated representative of the HSS National Coordinator. The HSS National Coordinator provides the Field Coordinator with broad strategic guidance to ensure the most appropriate response posture specific to each incident or event.

With this letter, I delegate to you the authority to exercise the following duties and powers of the Director, Office of Emergency Management for this incident/event:

1. The HSS RSF Field Coordinator is the regional focal point for the HSS RSF activities led by ASPR.
2. Regional and field deployed HHS staff supporting the recovery mission are expected to report to the HSS RSF Field Coordinator upon arrival and maintain a consistent, appropriate level of coordination and communication about their recovery activities.
3. The HSS RSF Field Coordinator represents the Agency in politically sensitive environments, but exercises discretion in deferring senior leadership decisions to the HSS National Coordinator.
4. The HSS RSF Field Coordinator coordinates information, decisions, and recovery activities with the FHCO, FDRC, SDRC, appropriate SFs and the appropriate senior health and social services officials in the impacted state or jurisdiction.
5. The HSS RSF Field Coordinator provides leadership, guidance, support and direction to the RSF Team to execute HHS/RSF Mission Assignments, in accordance with #4.

6. The HSS RSF Field Coordinator enables internal and external RSF partner agencies to fully execute their existing authorities, but serves to coordinate and when necessary deconflict competing recovery actions.
7. The HSS RSF Field Coordinator determines the need for liaisons and dispatches them to key locations.
8. The HSS RSF Field Coordinator develops a mission demobilization plan with the HSS RSF National Coordinator, FDRC, and with the appropriate stakeholders.
9. During a recovery mission, the HSS RSF Field Coordinator shall ensure daily discussions occur with the HSS National Coordinator (or designee) to develop:
  - a. Common understanding of priorities and limitations,
  - b. Information flow and coordination to ensure accurate situational awareness,
  - c. Validation of HHS/HSS RSF missions as needed,
  - d. Strategic objectives,
  - e. Validation and response to requests for HHS/HSS RSF assistance.

You will serve as the HSS RSF Field Coordinator. Accordingly, my management expectations provided to the Federal Disaster Recovery Coordinator and HSS RSF National Coordinator are incorporated here by reference. You will be rotated out of theater at time and frequency at the discretion of the HSS RSF National Coordinator. At which point, you will transition to your backfill replacement.

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Best regards,



Don R. Boyce, JD

cc:

Federal Disaster Recovery Coordinator  
HSS National Coordinator





## HHS Senior Leadership Brief

### Hurricane Harvey Recovery

26Sep17 1600EST

#### *Major Health and Social Services Recovery Team Actions:*

- Impact Assessment - Engaging state and local public health officials to conduct assessments of facilities supported by HHS programs as well as assessment of educational facilities to recovery impacts and barriers. Pilot assessments are being conducted in Aransas County, with others as invited by local public health agencies.
- Environmental Health Working Group - Monitor, triage, build/disseminate tools to address current and emerging environmental health issues – namely impacts to potential well water contamination, supporting public health messaging, and other related environmental health issues.
- Worker/Volunteer Health and Safety – Coordinating interagency activities on messaging and delivery of environmental health resources to the public; National Institute for Environmental Health Sciences (NIEHS) delivered training through its grantees in Texas in partnership with CDC.
- Healthcare Facility Restoration Working Group – Working with Texas State Hospital Association, CMS, HRSA, CDC, and state public health to build local capacity in accelerating facility restoration through better provider education and ensuring facilities are fully equipped with recovery program requirements.
- Education Focus – Working with state and Department of Education to highlight strategies for restoring educational facilities and supporting affected children with an emphasis on supporting facility restoration and leader care.
- Behavioral Health – SAMHSA LNO will work with state and local officials to conduct a behavioral health “environmental scan” to identify capacity risks, issues, and unmet needs. The SAMHSA LNO conducted shelter assessments at 40 Houston shelters and assessed the behavioral health impact, services, and gaps.

#### *Healthcare Facility Restoration:*

- Hospitals:
  - Evacuated or closed: **4** (2 Houston; 1 Beaumont; 1 Aransas)
  - Internal disaster status: **3** (2 Houston; 1 Beaumont)
- Dialysis Centers: **11** closed
- Long-Term Care Facilities Closed: **52**
  - Assisted Living Facilities: **23**
  - Nursing Facilities: **14**
  - Intermediate Care Facilities: **15**
- HRSA: **9** closed (**165** health centers in the disaster area)
  - Assessment of damage is ongoing. Some HRSA program participants are returning to normal service delivery.
- Mobile/Urgent Clinics:
  - Deployed **48** temporary health clinics.

#### *Human and Social Services Recovery:*

- Shelter population status:
  - Emergency Shelters: **15** shelters (**1,525** people)
  - Transitional Shelter Assistance (TSA): **61,383**  
**\*NOTE:** FEMA extended TSA deadline to 10/10/17, but will be 35,000 homes short of moving residents out. Alternative housing options being considered include, mobile homes and trailers.
- Status on children impacts:
  - Child Care Centers:
    - Evacuated and closed: **419** facilities closed (**36,201** children displaced); **62** facilities temporarily relocated.
- School Status:
  - **15** schools are closed across the Aransas Independent School District (ISD) until mid-October, affecting over **5,500** students.
  - All Houston ISD schools are open. U.S. Department of Education is confirming operational status for Houston charter schools. Preliminary reports indicate that all Houston charter schools are open.



**Core Mission Areas:**

- Public Health Issues
  - Concern regarding the coordination of shelter surveillance of medical issues with the American Red Cross.
  - Limited resources to conduct shelter surveillance as medical clinics and hospitals begin to reopen.
  - Elevated levels of mold exposure have led to increased hospital/ER visits for some residents in Chambers County and others with existing pulmonary conditions.
- Health Care Service Issues
  - Access to remote communities that are dealing with mold issues is impeding recovery of remote/rural facilities.
  - Prescription traffic monitored by the Surescripts system appears to be recovering.
- Behavioral Health Issues
  - SAMHSA person staffing JFO in Austin planning to conduct Psychological First Aid training to augment JFO force protection.
  - The Disaster Distress Helpline has addressed **3,631** calls.
- Environmental Health Issues
  - Concerns remain about around private well water testing and the public health messaging of wells likely inundated.
  - **43** boil water notices in place across 15 counties (**over 12,000** people affected); **6** inoperable public drinking water systems. **9** inoperable waste water treatment plants.
  - Concerns remain around risks associated with vector control chemicals being sprayed and its risk to pregnant women and the bee population.
  - Microfiltration systems are being installed for all registered private wells by Texas A&M University.
- Food Safety and Medical Products Issues
  - Tdap vaccines have been shipped to the impacted areas and are being distributed. Additional vaccine orders continue to be processed and filled (**52,315/52,725**), 410 awaiting delivery.
  - Impact assessments to regulated facilities continue. State contacts verify that local food safety (sanitarian) capabilities are able to keep up with local demand.
- Long-Term Health Issues Specific to Responders
  - Sanitation concerns (food, bathrooms, lack of showers).
  - Reports continue that some “spontaneous volunteers” working without PPE or adequate training for “mucking and gutting” operations.
  - FEMA requested **3** stress counselors to support basecamps in Houston, Corpus Christi, as well as the JFO in Austin.
- Social Services Issues
  - Limited visibility on issues impacted vulnerable populations is a persistent challenge and the resulting impact on the social services system.
  - Low to moderate income families consistently express concerns of eviction due to building condemnation due to mold growth, and an overall lack of available affordable housing options.
- Referral to Social Services/Disaster Case Management Issues
  - Reports from Houston Schools Superintendent suggest that “large” populations of undocumented families are not seeking federal, state, or non-profit assistance due to fear of deportation.
  - 41/50 Disaster Resource Centers (DRCs) have been established in the impacted areas.
  - ACF deployed the Immediate Disaster Case Management System throughout the impacted counties.
- Children in Disasters
  - Reports suggest that school social workers need additional training to address burgeoning mental health needs.
  - Currently, over **23,000 households** (approx. 60,000 individuals) are receiving support from the Disaster Supplemental Nutrition Assistance Program (D-SNAP).

**Social Media Updates:**

- Many survivors have expressed frustration through the local media regarding the Red Cross allegedly denying Houstonians with assistance.
- People in Jefferson County have expressed frustration regarding D-SNAP not being available in their county.  
**Note:** TX HHSC is working to establish D-SNAP locations in several counties, including Jefferson County.
- Residents are expressing concerns over the effects of the spray on humans, as well as the uncertainty about the exact timing of the spraying. Residents would like to receive advance warning so people with respiratory health issues can avoid exposure to chemicals.

**From:** Teuscher, David (HHS/IEA)  
**Sent:** 28 Sep 2017 15:34:39 +0000  
**To:** Gooden, Shelby (HHS/IEA)  
**Subject:** Recovery issue stoplight tracker - Harvey- 9-27-17\_.xlsx  
**Attachments:** Recovery issue stoplight tracker - Harvey- 9-27-17\_.xlsx

Hurricane Harvey Stoplight Issue Tracker		Key: Green - no noteworthy issues; Yellow - recovery issues exist, but are likely within capacity of state/locals; Red - significant recovery issues known and necessitate further federal coordination; Grey - insufficient information						
Updated On: 9/27/17								
Core Mission Area/Issue Area	Status	Issues	Date Reported	Prospective Actions	Office of Primary Responsibility (OPR)	Date of Closeout	Comments	
Public Health								
Disease surveillance issues		CDC syndromic surveillance (9/16/17): 1) ARC reports 9,142 reason visits, 38.2% are maintenance and follow-up and 18.9% are due to exacerbation of chronic disease.; 2) Hospital Emergency Department-based Syndromes (3 hospitals in Houston/Harris County); increase in visits for	21-Sep	Communicate with CDC to obtain local disease surveillance data. CDC Incident Management System Epi/Surveillance will send data only to a secure email address. RSF#3 data analyst obtained a secure address today and is now ready to receive data from CDC.	CDC		Potential for increased mosquito activity and West Nile risk, more information within next 2-3 weeks. Dr. Karch is in talks with CDC. Potential for E. Coli or other waterborne diseases from contaminated/impaired water and sewage systems. Aerial spraying for mosquitos to prevent vectorborne disease in the affected area- 50% complete. CDC Epi desk is no longer compiling/sending daily disease surveillance reports since they are no longer receiving data on ARC shelter surveillance (shelters all closed or locally managed) or DMAT surveillance data (DMAT teams de-activated). TX is working on plan for more comprehensive syndromic surveillance reporting. The RSF EH team is meeting with the TDSHS EH team today and may receive additional	
Epidemiological assessments of flood water exposure		On 9/18/2017, HRSA reported an uptick in "waterborne bacterial infections" in HRSA-supported community health centers. HRSA is reaching out to the Texas Association of Community Health Centers to obtain additional information.	21-Sep	HRSA representative traced source of reported increase in waterborne bacterial infections. Concluded the increase was attributed to misinformation: 6 cases of rash were reported as the uptick in waterborne bacterial infections. Decided follow up was unnecessary.	HRSA	26-Sep		
		UTHealth-School of Public Health, Texas A&M University and Oregon State University, researchers from the Baylor Environmental Health Service, the Dan L Duncan Comprehensive Cancer Center and the Alkek Center for Metagenomics and Microbiome Research are teaming to monitor chemical exposure in communities affected by Hurricane Harvey where cleanup and recovery efforts are now underway. Wristbands made to detect volatile and semi volatile chemicals directly from air and water will be handed out to people living/working in homes that were flooded, in Baytown TX. Wristbands will be checked after 7 days.	26-Sep					
Mortality/Injuries		74 (of 97 media reported) deaths have been confirmed	20-Sep	CDC is developing a line listing.	CDC		as of 9/19: Circumstances of death: 56 (58%) are due to accidental drowning; 12 (12%) are due to accidental injuries (trauma, fire, electrocution, etc.) 6 (6%) have a natural manner of death; 23 (24%) have an unknown cause and manner of death; 10 (10%) are work-related deaths; 7 deaths were volunteers; 3 deaths were paid employees: police officer, hotel employee, electric power line man	
		TPCN has received 189 calls regarding exposure and 43 informational calls	21-Sep					
		Per Texas Poison Center Network, 36 carbon monoxide injuries, 2 gasoline, 2 contaminated water, and 9 bite/sting injuries have occurred	14-Sep					
Public health messaging issues/risks		CDC is working with HRSA partners to identify educational material needs of their TX grantees.	27-Sep	CDC will print and ship for distribution.				
		Continuing to work towards co-locating educational materials with generators in big box stores. Pending response from DHS Public Sector rep.	27-Sep					
		CDC pamphlets on mold, carbon monoxide, etc. (in multiple languages) are needed in DRCS.	25-Sep	CDC has distributed 6500 pamphlets on mold safety during clean up (for homeowners/renters); Developing a tracker for where the pamphlets are going and how many are being distributed	CDC			
Persistent public health risk questions		Concern that misinformation about FEMA IA in shelters will prevent residents from cleaning up homes/addressing mold issues	7-Sep	Likely that more public health messaging concerning environmental health risks of flood waters, mold, etc. will be required going forward. Work with COMMS, EPA, CDC, DoED, etc. to communicate PH risk to relevant populations.			For clarification- FEMA has authorized Clean and Removal Assistance (CRA) for all designated counties- one-time payment per household for households not eligible for Home Repair Assistance (if the house was still inhabitable but had significant damage), there are currently 3,519 households eligible.	
		Coordinated with State DSHS regarding private water well activities. Advised DSHS POC of potential risks associated with consuming contaminated well water and the need to inform residents.	22-Sep					
		Will continually need to assess the public health risk in regards to flood water exposure, contaminated food/medicine, and housing stock.		Coordinate with HUD, EPA, CDC, DoED, to address common flooding public health concerns.				
Health Care Services Impacts		All State supported medical shelters are closed						
Hospital Rebuilding Issues		4 hospitals remain closed. Beaumont (1), Aransas (1), and Houston (2). Care Regional Hospital in Aransas Pass (Corpus Christi Region) and East Houston Regional Medical Center in Houston will remain closed indefinitely as a result of damage sustained due to flooding. (2) hospitals facilities in Houston are on internal disaster status. (1) hospital in CC is on internal disaster status.	25-Sep	Continue to identify potentially closed hospitals/healthcare facilities				
		Upon demobilization, DSHS had completed over 988 total missions and evacuated or transferred over 3,200 medical patients from multiple health care facilities. In addition, Mobile Medical Unit (MMU) staff had treated 1,855 patients and transferred 142 patients.	22-Sep					
		Attended a conference call with the TX Association of Community Health Centers to discuss challenges faced by the centers and to identify possible collaboration efforts between HSS and the Association. An invitation was extended to and accepted by the Association to join the HSS Health Care Systems Recovery Workgroup.	22-Sep					
		Developed a draft environmental health windshield discussion guide that can be used to identify barriers to re-opening facilities in the impacted areas and prioritize future recovery efforts.	22-Sep					
		Unknown.	20-Sep	Identify which hospitals have been impacted by power, water, phone interruptions. Need to identify those running at partial capacity/generator power as well.			Internal disaster status is given for the following reasons: water systems issues, running on generator power, and/or lack of electricity	
Hospital Functionality Issues		CMS 1135 waiver in effect	22-Sep	A group of CMS staff worked to construct a one-page flyer for sharing with providers, via websites and listservs, information on waivers and other pertinent items.	CMS, VA		CMS has granted 4 blanket waivers issued for the following types of facilities: skilled nursing facilities, home health agencies, critical access hospitals. CMS intends to issue a provider education regarding the waivers issued. Two duck boat companies will reportedly deliver medical supplies.	
Rural Health Clinics				Identify county/regional associations to gather information on status of rural health clinics.				
Health Care Access for Vulnerable Populations		In Shelters, there is an inconsistent level of care/resources or ind. with diabetes/chronic diseases	7-Sep	Need to assess health care delivery systems for those with functional needs, and compare this information pre/post Harvey.				
Blood Banks		Blood Disaster Task Force Activated; AABR Blood Disaster Task Force is activated and will require additional units of blood during the week. Need plan B due to critical blood shortage.					Transportation issues with getting blood and hospital supplies from Dallas to Houston; We are Blood, reportedly the sole provider of blood to Central Texas hospitals, is reporting a growing need for blood and is encouraging donations	
		MCCI Medical Group Clinic in Rockport is reopening	27-Sep					



Clinics	Per HRSA, 9/165 health centers closed	14-Sep	Assessment of damage is ongoing and more health centers are expected to come online in the coming days. Other HRSA program participants are returning to normal service delivery.	HRSA		
	2 VHA facilities closed due to water damage	10-Sep	Repairs have begun in the Corpus Christi facility and are expected to last 140 days.			
Dialysis Centers/Treatment	11 dialysis centers remain closed (6 Houston, 3 Beaumont, 2 Corpus Christi)	23-Sep	Identify location and impact in local areas.			
Long-term Care Facilities	Texas Health and Human Services (HHSC): Regulatory Division is coordinating communication with evacuated and impacted Licensed Long Term Care facilities. Additional disaster food relief has been extended to 12 additional counties: Austin, Bastrop, Bee, Chambers, Colorado, Fayette, Fort Bend, Goliad, Hardin, Lee and Walker.	23-Sep				
	14 (-2) nursing facilities remain closed (CMS)	22-Sep	Coordinate with CMS. Clarify location and status of patients.			1135 waivers signed by Secretary Price. CMS issued four blanket waivers for the impacted counties in Texas. Individual facilities do not need to apply for the following approved blanket waivers: Skilled Nursing Facilities (2 types of waivers), Home Health Aides (1 waiver), and Critical Access Hospitals (1 waiver). CMS continues to work on waiver 1135; 1115 have not been finalized yet
Nursing Homes/Assisted Living Facilities	26 int. facilities for individuals with intellectual disabilities remain closed.	20-Sep	Figure out anticipated reopening date.			
	Per DSHS, 23 Assisted Living Centers remain closed-affecting 463 people	14-Sep	Determine anticipated reopening dates; identify where residents went and who is taking care of them.			
Home and Community-based Services (non-facility based)	25 closed - affecting 292 people	14-Sep				
Intermediate Care	15 closed	14-Sep	Identify how many care centers exist and how many are in them.			
Pharmacies/Prescription Access	22 pharmacies report as "impacted" (CMS)	20-Sep	Consider getting FMS caches to support impacted pharmacies.			Insurance providers and private sector associations are posting information on getting assistance filling prescriptions on social media.
Pharmacy Restoration	Roaming teams demobilized	20-Sep	Need to identify status of any closed pharmacies and intent to rebuild.			
Mobile/Urgent Clinics	48 temporary health clinics have been deployed, including 2 MMUs	25-Sep	Continue to look for updated status of urgent care clinics.			
Behavioral Health Impacts			Standing up Behavioral Health Working Group to be led by SAMHSA Region VI administrator			SAMHSA remains engaged with the State on various issues. ensuring waivers for opioid treatment are applied for/received, staffing at state shelters, and providing technical assistance for the CCP grant.
	At least two behavioral health provider centers are closed across affected area.	21-Sep	TCS and Tropical Texas Behavioral Health have deployable teams if the need arises.			
	All LMHAS report their crisis hotlines, MCOTs, and PESCs are fully operational	21-Sep				
	Information regarding suicide prevention during/after a disaster provided to Suicide Prevention Coordinators in LMHAS					
Disaster-caused service access deficits	Transportation of mental health personnel to shelters is an issue.		ARC is working on getting alternative transportation (helicopters, boats, vehicles) to bring resources to shelters. Additionally per CDR Michael King, IRECT mental health teams can roll out and provide surge support to shelters.			ARC shelter populations as of evening of 8/27/17 were estimated at 6,000, believed to be under reported. Peak shelter population is expected to be around 30,000 people.
	ARC does not have the clinical capacity to refer, looking for where to refer patients.		Via social media ARC is seeking health care workers and mental health professionals to serve as shelter volunteers. MRC units activated and engaged in sheltering activities, coordinating with ASPR and ARC.			
Impacts to practitioner/behavioral health support network	National Recovery Director Joshua Barnes requested training for trauma and behavioral health first aid	22-Sep	SAMHSA staff provided multiple resources on trauma-informed care for youth to the FEMA Education Specialist for school recovery planning. SAMHSA staff on site will write and present the training for all interested JFO members week of 9/25, and SAMHSA Emergency Coordinator sent materials to supplement the training.			
	More than 100 psychologists in Texas have volunteered to provide free therapy sessions to people affected by Hurricane Harvey. The Texas Psychological Association announced details Monday. The offer includes three sessions per person impacted by Harvey and needing support	27-Sep				
Domestic violence issues	Over 1/4 of state's domestic violence programs were impacted.	21-Sep	SAMHSA LNO will provide PFA and stress management training the week of 9/25.			
	Impacted communities should expect an up-tick in domestic violence as a result of storm-related stress/PTSD					
	Providers have reported that a total of 8 staff have been deployed to shelters. 14 Providers reported they had staff that were impacted by either loss of home or car.	21-Sep	CCP was approved by SAMHSA.			
Substance Abuse Treatment/Access		7-Sep	SAMHSA remains engaged with the state. SAMHSA HQ and Regional staff will continue to monitor and assess the opioid treatment continuity as well as evolving mental health needs in other shelters and update the group.	SAMHSA		DDH is in the process of filming some PSAs for Spanish-speakers and deaf/hard of hearing individuals, will be shot throughout September, and will be ready for distribution by early October.
Stress management issues	More information required		SAMHSA remains engaged with the state and will be standing up a behavioral health working group.	SAMHSA		
Known incidents of suicide						
Crisis Counseling Program	Crisis Counseling (ISP) has been approved and is currently in the process of hiring and training personnel. RSP application is in development	27-Sep	Help to coordinate bridging of ARC behavioral health services to CCP and local health authorities.	SAMHSA		SAMHSA CCP staff is on site to provide onsite technical assistance and education to the state. The grant is due September 8th.

Methadone/Opioid Clinics		Houston Methadone clinics are reopening	7-Sep		SAMHSA		SAMHSA has been in direct contact with the State Opioid Treatment Authority (SOTA). The SOTA indicated that they have a need for technical assistance to assist medical providers to understand treatment protocols for narcotic and non-narcotic detoxification. SAMHSA is currently working to provide a community-based protocol. The SOTA has not informed SAMHSA of additional gaps related to the current approaches being employed to ensure opioid treatment continuity, but SAMHSA is monitoring the situation. SAMHSA is producing guidance regarding potential flexibility in usage of SAMHSA block grant for funding for opioids.
Environmental Health Impacts				Conduct environmental health assessments	HHS, CDC Public Health		
Potable Water Quality		TCEQ and agency partners of the Natural Disaster Operational Workgroup (NDOGW) are conducting orphan container recovery, drinking water and waste water on-site assessments, hazard evaluations, and oil discharge assessments. There are 468 TCEQ staff working in response to Hurricane Harvey. TCEQ has started contacting EMC's about Debris Management.	23-Sep				
		Per TCEQ/EPA, 4,852 drinking water facilities & 2,908 wastewater facilities in the impacted area were surveyed: 37 are severely damaged, 30 have medium damage, 248 have minor damage	12-Sep				
		44 (+1) boil water notices with 7 (+1) inoperable water systems (increase is due to emerging issues/closer inspection of systems)	27-Sep				
Private well issues		Texas A&M, in coordination with FEMA, will be installing microfiltration systems in all registered private wells (6,000 registered since 1993)	26-Sep		EPA		EPA & TCEQ have developed GIS map to determine wells in need of testing. County level maps show inundated private wells (registered since 1993)
Debris Contamination Issues		TCEQ continues to receive and review temporary debris management sites for authorizations. Currently, we have received 164 applications and have approved 146 sites.	23-Sep	Texas A&M, in coordination with FEMA, will be installing microfiltration systems in all registered private wells (6,000 registered since 1993)			
Air quality Issues		Residents of Pine Meadows Subdivision in Baytown reported that several survivors in their neighborhood have been admitted to the local hospital due to mold exposure. Reported to County EM. (Chambers County)	23-Sep				
Mold and related issues		Effects of mold are currently unknown	6-Sep	HHS has formed a mold task force	HHS, CDC		
		Clarke Environmental – two (2) active aircraft flying; VDCI – two (2) active aircraft flying; DOD – two (2) active C-130's and one (1) spare airframe staging at Kelly Field	20-Sep	CDC vector control SME is supporting. Clark Environmental, VDCI, and DOD aircraft are being utilized			
		Some concern around risks associated with the chemical being sprayed (Dibrom) - risks to pregnant women and bee population			CDC Public Health, DoD		Locals have started their own vector control measures, and CDC and the state have formed a vector control work group to support. Vector control crews have been spraying every night in Corpus Christi. Aransas County has a strong need for mosquito control.
Vector control		The Vector Control Team in the SMOC is coordinating ongoing aerial vector control efforts in targeted areas. Aerial vector control spraying operations occurred during the last operational period in the following counties: Galveston, Jackson, Montgomery, Polk, and San Jacinto. Federal aerial spraying support concluded operations on September 22.	23-Sep				
		Aerial vector control spraying operations occurred during the last operational period in the following counties: • Wharton • Polk • San Patricio • Jackson • Walker • Montgomery • Walker • Harris • Liberty	22-Sep				
Wastewater		186 sewer overflows have been reported in affected areas. Concern that private septic systems in rural areas could also fail.	25-Sep	Coordinate with EPA and Army Corps of Engineers to assess contaminated water concerns			Water/wastewater outages and water pumping station issues. General guidance provided for flood affected areas.
		9 Inoperable Waster Water Treatment Plants (reported per FEMA SITREP 09/17)	18-Sep				
Water Systems		More information required, Per EPA, 1,514/2,300 contacted water systems are fully operational.	5-Sep				
		More information required, Per ESF 3, 35 of 2,469 waste water systems are shut down	5-Sep				
		Water testing is ongoing. Concern that there is "slurring" in the water.	6-Sep				
		Harris county fire officials have started a controlled burn of the 6 remaining trailers of organic peroxides (3 have already burned). People are advised to stay out of the area, avoid smoke and flood water	3-Sep	Work with DoE and EPA to coordinate solution. Air and water monitoring is underway. EPA is testing smoke from fires.			
Chemical Pollutants		Potential release from Shell Pipeline into the Trinity River	10-Sep	US Department of Transportation Pipeline and Hazardous Materials Safety Administration is communicating with Shell.			Shell conducted pressure testing on 9/10 but results were inconclusive. Shell is evaluating next steps, but has Oil Spill Removal Organizations on standby.
		Two Exxon Mobil refineries were damaged causing the release of hazardous pollutants					The Orphan Container Recovery Teams removed approximately 430 gallons of diesel and recovered two (2) tanks at Rose City Sand Corp in Vidor (Orange County). They also placed a sorbent boom around the Display Train Engine in Port Arthur (Jefferson County). The Oil Discharge Assessment
		Concern that toxins are spreading from super fund sites. EPA has confirmed 13 superfund sites flooded and/or experiencing damage	2-Sep				
Provide technical assistance regarding site-specific hazards and their implications related to recovery		More information required, Recovery and HSS SMEs arrived on the ground in Dallas 8/28/17	23-Sep				
Food Safety and Regulated Medical Products							
Overall food safety		State responded to requests for 26 sanitarians to be deployed. This need was met and there are no other unmet needs at this time.					
Issues for regulated biologics facilities							

Issues for medical device manufacturers and supply chain						
Issues for facilities producing medicines						
Issues for human food establishments						
Food safety of meat, poultry, and processed egg products	Meat facility issues - Poultry facility issues - Egg product facility issues					
Vaccines	Texas local jurisdictions have received 41,585 (+210) doses of Tdap/Td/Tetanus, 6,820 doses of HepA, 150 doses of HepB, and 4,170 (+200) doses of influenza vaccine to distribute to first responders and the general public. 52,725 requested vaccines have been filled (94%) (see 34,735 requests for Tdap vaccines have been filled (99%) 6,640 requests for HepA (adult) vaccine have been filled (82%) 120 requests for HepA (pediatric) 3,970 requests for adult flu vaccine were filled (95%) 5,990 requests for Td vaccine have been filled (99%)	25-Sep       22-Sep	The Vector Control Team in the SMOG is coordinating ongoing aerial vector control efforts in targeted areas. Aerial vector control spraying operations occurred during the last operational period in the following counties: Aransas, Galveston, Jackson, Jasper, Montgomery, Newton, Polk, Sabine, and San Jacinto. All DSHS vector control aerial spraying is expected to conclude 9/26  Tdap vaccine has been shipped to the impacted areas and are being distributed. Additional vaccine orders continue to be processed and filled. Total of 52,315 of 52,725 filled. 410 waiting delivery.		2 CDC Vaccines For Children SMEs are currently in TX providing technical assistance in maintaining vaccine safety.	
Long-term Health Issues Specific to Responders						
Health and safety concerns for professional responders	Concern that food is contaminated due to lack of refrigeration	3-Sep	Support State in food safety monitoring	CDC Public Health		Responder Health & Safety is the #1 priority for DSHS; Medical teams have been sent to help with responder injuries but sanitation issues and food safety remain a huge concern. The State is sending sanitarians out to the 5 responder locations. The State did not have visibility on this issue for some time.
	Sanitation concerns (food, bathrooms, lack of showers)	3-Sep	Support State in sanitation monitoring	CDC Public Health		
	Responders are being given tetanus/flu vaccines	5-Sep	Support State in prioritizing necessary vaccinations	CDC Public Health		
	Concern that rising heat index may result in heat-related issues for responders. Responders will need additional breaks.					
Health and safety concerns for community responders	TS Kennedy in Corpus Christi (Nueces County) started providing berthing support for responders; TS General Rudder already providing similar berthing support for responders in Galveston (Galveston County).	18-Sep				
	Workers being picked up informally for debris removal, mucking/gutting, etc. are not receiving health & safety training & have little access to health care when injured/sick. Since the disaster, workers are being picked up in much larger quantities at a time.	25-Sep	Work with labor/worker justice organizations & NIEHS to develop health & safety trainings. NIOSH is providing occupational health TA to labor organizations. The National Day Laborer Organization Network will be surveying workers/providing info/materials to daylaborers at day laborer corners in the greater Houston area. Faith & Justice Worker Center (Houston) is working with NIEHS to conduct train the trainer trainings across the Houston area.			(Ex. in Katy, TX, approx. 200 workers were hired by MBJR Restore (LA company) to clean an apt complex. They received no safety training.) Houston is a labor trafficking hub.
Health and safety concerns for volunteers	Concern that volunteers are working on contaminated homes without proper health & safety gear/training					
Responder monitoring issues	A hotline is needed for workplace safety issues/questions. F/WC has received 21 calls a day since Harvey hit.	25-Sep				NIOSH could provide TA for answering calls and/or for analyzing data collected from these calls.
	Need for framework/system for monitoring responder health	26-Sep	NIOSH has developed a proposal to provide TA to organizations that are training or managing managing groups of response workers (e.g., NIEHS) implement ERHMS (Emergency Responder Health Monitoring and Surveillance) framework			
Responder behavioral health care issues	Concern that community responders are not seeking/do not have access to behavioral health care	25-Sep	Standing up Behavioral Health Working Group to be led by SAMHSA Region VI administrator	SAMHSA		
Social Services Impacts						
Assess disaster-related structural, functional and operational impacts to social services facilities	Working to assess disaster-related structural, functional and operational impacts to social services facilities (e.g., community congregations, child care centers, Head Start centers, senior centers, homeless shelters) and programs (e.g., domestic violence services, family support programs). Working to identify communities in need of support with the establishment of long-term recovery committees, in collaboration with National VOAD, to meet survivors' disaster-related unmet needs.	23-Sep				
Assess disaster-related impacts to at-risk individuals	Human Services RSF is working to gain broader awareness of those Populations Disproportionately Affected by Disasters (PDAD)	23-Sep	IDCM, through intake process is creating awareness on supportive service needs of population still residing in shelters			
	Per ACL, 16 nutrition sites/senior centers have repairable damage. 1 has total loss damage. 16 transportation or meal service vans are reported lost/damaged.	7-Sep	Need updated information on shelter populations and locations.			Within the areas with 15 or more inches of rain expected in the next 5 days, 22% of households have one or more person(s) with a disability, 9% have a child age 5 or younger, and 14% have an income below poverty level. Wide range of individuals with special needs (homeless, unaccompanied minors, those with addiction etc) entering shelters with uncertain capacity to address needs
	Many shelter residents were homeless pre-disaster/precisely housed and shelters fear they will be difficult to discharge. Some seniors at shelters do not have a discharge plan	7-Sep				
	Large pop of hispanic residents reported at smaller, community shelters which are suffering a sig resource disparity compared to the GRB	7-Sep		CDC Public Health		
Issues associated with temporary housing	Affordable housing is a concern for residents; fear that previous rental homes will be condemned due to mold growth from wet sheetrock and insulation	25-Sep				
	15 shelters remain, with 1512 people (-13)	27-Sep				All shelters in Branch III and VI have been closed. Multi-Agency Shelter Transition teams (MASTT) have been redeployed to Branch II and Harris to focus on the larger shelter populations and consolidation/closure of smaller ones. Due to the wide geographic area in Branch II, teams have been divided by Branch II East (Brazoria and Galveston Counties) and West (Jefferson, Liberty and Hardin Counties).
	FEMA has extended TSA deadline until 10/10, but will be 35,000 homes short of moving people out. Mobile homes, trailers, etc. are housing options being considered	27-Sep				
	Rental assistance for temporary housing costs incurred during an utility outage (Eligible Rental Utility or ERU) is currently at \$61.1 million for 46,779 households. Additionally, rental assistance, as a result of inaccessibility reasons (Eligible Rental Inaccessibility Assistance or ERIA), is available for incurred temporary housing costs and is currently at \$8.1 million for 8,021 households.	25-Sep				Applicants must meet certain requirements to remain eligible.
Referral to Social Services/Disaster Case Management						
Disaster case management issues	Undocumented ind./families are not seeking assistance for fear of deportation		ACF is standing ready to activate upon request			



Known unmet needs from disaster case management		Top three issues being reported thus far are: Food - Clothing - Housing	23-Sep			
Issues integrating family case work into VOAD/philanthropic networks						
Social Services Impacts						
Deficiencies in access to disaster case management		Currently 49 DRCs stood up (50 planned), several mobile units reaching into affected areas. 117 case workers are in the field (78 in DRCs; 39 in shelters)	27-Sep			
<b>Children and Youth in Disasters</b>						
Facilitate technical assistance, programs, and activities to support children and youth who are displaced as a result of the disaster including access to school and access to healthy meal services		State has requested assistance with NCMC	7-Sep	ACF is continuing to identify the impact of the Early Childhood Development Program on childcare and Head Start programs. In coordination w/ ACF R6 RE and REMS, ASPR and FEMA		
Identify behavioral health needs of children, youth, expectant and nursing mothers and provide age-appropriate messaging		More information required. 2.5 million children affected.		Standing up Behavioral Health Working Group to be led by SAMHSA Region VI administrator	SAMHSA	
Center-based Child Care		All child care operations in declared counties have been contacted. 513 (+94) child care operations are closed, potentially displacing 42,309 (+6,108) children. 62 facilities have temporarily relocated.	20-Sep	Licensing staff continue to work with providers to conduct abbreviated inspections to assess health & safety and provide technical assistance; Licensing staff from other districts are being deployed to Houston to help with routine monitoring inspections.		4,600/5,000 facilities in the affected area have been surveyed. Reinspections are being conducted.
		4 general residential child care operations continue to remain away from their primary locations	12-Sep			
		1 residential treatment facility for emotional/behavior challenged children/youth remains evacuated	12-Sep			
Impact to foster care network		Department of Family Protective Services (DFPS) is coordinating communication with evacuated and impacted regulated facilities and conservatorship families.	23-Sep			
		Per TDFPS, 1200 children were relocated; no additional information	1-Sep	San Antonio-area service orgs & gov't entities across the state are providing support		
Head Start Status		Checking current numbers and status of Head Start Centers				
		Per ACF, 344 centers in the impacted zone & 45 are confirmed closed, affecting 3,036 slots	13-Sep			Currently undetermined when all impacted centers will open; however, it is anticipated that more will open by 9/12
Unaccompanied alien children issues		all UAC accounted for and ORR shelters are operational	23-Sep		23-Sep	
Displaced children homelessness (disaster-caused)		Per ACF, 2.7 mill homes have been impacted; 22,000 homes may have major damage (TX&LA)	7-Sep			
School Status		Held a meeting with the Texas Education Agency, Texas School Safety Center, and various RSF representatives: Identified several issues beyond capacity of local jurisdictions; planning on how to facilitate connections and support.	23-Sep	Follow up with TEA re: a menu of support options for their consideration. Completed and submitted a document to HSS RSF leadership re: Insurance Settlements/Public Assistance. Submitted rough draft version of communication materials to address FEMA IA re: Personal Property Assistance for required educational materials.		
		15 schools, across 3 Aransas ISDs are closed. Districts are set to reopen in mid-October	25-Sep	Dept of Ed is tracking - Coordinate with the state on what assistance is needed		All closed schools are in Aransas. Aransas County ISD is set to open 10/9. Aransas Pass & Port Aransas ISDs 10/16
		All Houston charter schools are supposedly open	22-Sep	Dept of Ed is seeking confirmation		
		All Houston ISD student are in school	22-Sep			TEA Established a telephone hotline for parents in the Beaumont, Corpus Christi, Houston and Victoria areas to receive information regarding public education for students affected by Hurricane Harvey. Parents can get information on public education options for their student by calling (512) 463-9603. The hotline is designed to assist families with questions about where to enroll children in school. They are staffed from 8 AM to 5 PM daily, including weekends.
		All schools in Victoria and Beaumont are open	22-Sep			
Higher Education		Status of higher ed facilities unknown.	22-Sep	Attempting to establish a POC with the Texas Department of Higher Education to establish damages sustained and supports needed. Researching the disaster impact on higher ed facilities.		
Students displaced		Information for "homeless" students/displaced students is widely available but no data on enrollments yet.	20-Sep			
		Per TEA, not much data on new locations of displaced students. Information should be emerging in coming weeks as many schools have only reopened this week.	22-Sep			Texas Education Agency (TEA): Established a telephone hotline for parents in the Beaumont, Corpus Christi, Houston and Victoria areas to receive information regarding public education for students affected by Hurricane Harvey. Parents can get information on public education options for their student by calling (512) 463-9603. The hotline is designed to assist families with questions about where to enroll children in school. They are staffed from 8 AM to 5 PM daily, including weekends.
		Corpus Christi Region: 15 schools closed (All in Aransas) impacting est. 5607 students and 408 educators. Est. 3,393 are minority students (majority hispanic)	22-Sep			
		Per Texas Homeless Education Office, 35,000-40,000 students affected	10-Sep			
Child Nutrition		D-SNAP was opened to 7 additional counties; applications are being accepted through October 5	26-Sep			Texas will offer Disaster Supplemental Nutrition Assistance Program (D-SNAP) to residents in Aransas, Brazoria, Calhoun, Nueces, Polk, Refugio and San Patricio counties starting September 18/19, 2017 in addition to the 11 initial counties previously announced. Texas is now offering residents greater flexibility to apply in counties that are not necessarily their counties of residence. If families have been displaced from one of the 18 counties receiving D-SNAP and cannot travel back to their home county, they can go to any local HHSC benefits office across the state to apply
		23,384 households currently receiving D-SNAP (59,504 individuals)	22-Sep			
Child transportation issues (to/from school, child care)		Concerns about rising costs at district levels as buses drive farther to pick up displaced students	22-Sep			



## Medical Reserve Corps (MRC) SitRep – 2017 Hurricane Harvey

Outside the Scope, Does Not Contain Any of the 24 Search Terms

### Medical Reserve Corps Program

Phone: 202-692-4724 | Email: [mrccontact@hhs.gov](mailto:mrccontact@hhs.gov) | Website: <https://mrc.hhs.gov>

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## Medical Reserve Corps (MRC) SitRep – 2017 Hurricane Harvey

Outside the Scope, Does Not Contain Any of the 24 Search Terms







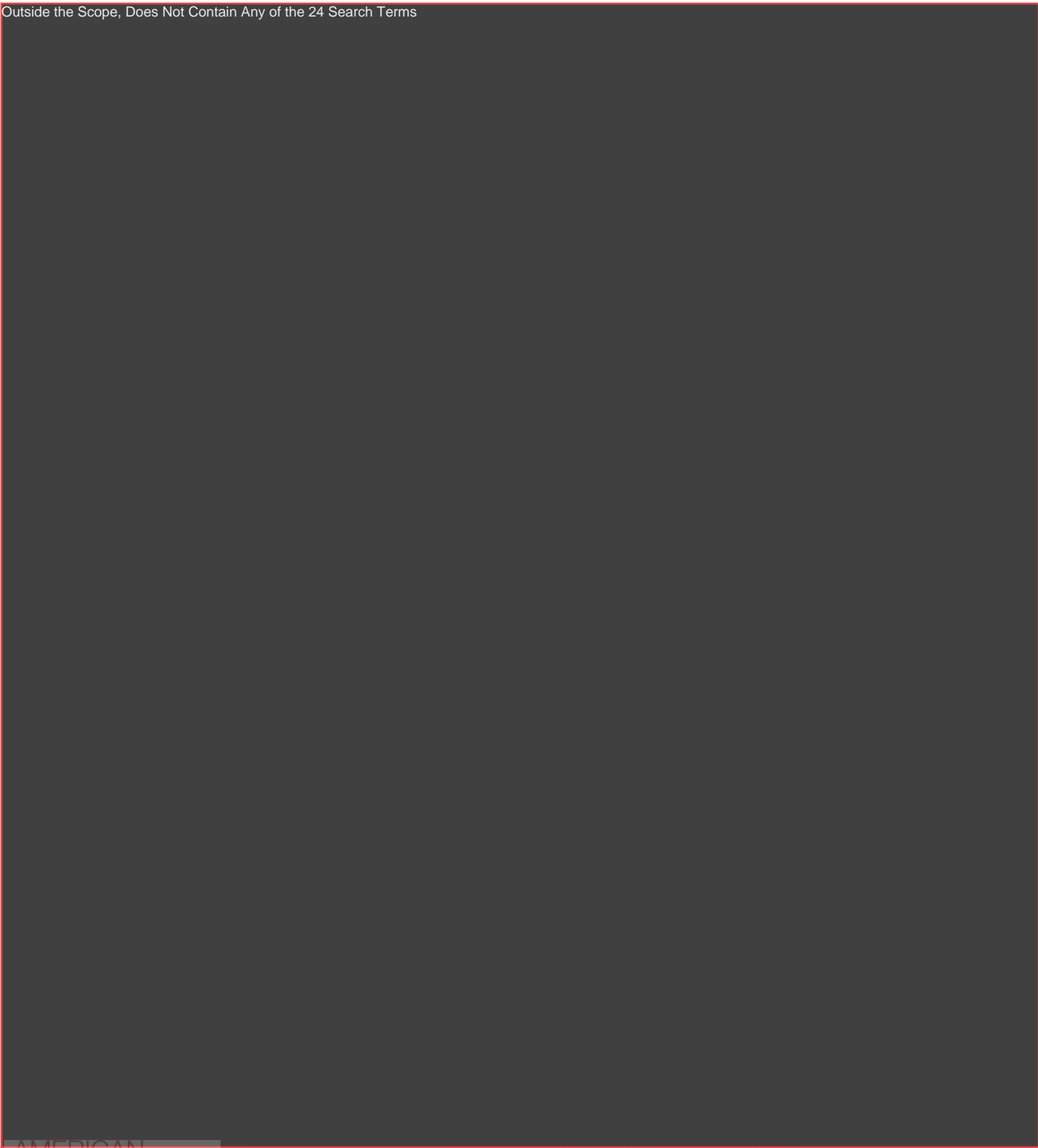
## Medical Reserve Corps (MRC) SitRep – 2017 Hurricane Harvey

Outside the Scope, Does Not Contain Any of the 24 Search Terms



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**From:** Barnes, Joshua (OS/ASPR/OEM)  
**Sent:** 5 Sep 2017 21:50:44 +0000  
**To:** Teuscher, David (HHS/IEA)  
**Subject:** RE: RAC  
**Attachments:** Senior Leader Brief-Hurricane Harvey 2017-09-04 0700 ET\_v2.pdf, Senior Leader Brief-Hurricane Harvey 2017-09-04 1400ET.pdf, Senior Leader Brief-Hurricane Harvey 2017-09-05 0730ET\_FINAL.pdf

I need your word you won't share these, they're being handled very closely since they're being hand delivered only to the Secretary....

## Joshua Barnes

Acting Director, Recovery Division, HHS/ASPR

D: 202-260-6123

M: (b)(6)

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**From:** Teuscher, David (HHS/IEA)  
**Sent:** Tuesday, September 05, 2017 5:19 PM  
**To:** Barnes, Joshua (OS/ASPR/OEM)  
**Subject:** RE: RAC

Neither. Could use more information to handle the questions I am fielding.  
Am on the SoC shift changes at 6 am and pm, but not much actionable there.  
The 10 am brief on public health is on my schedule.

---

**From:** Barnes, Joshua (OS/ASPR/OEM)  
**Sent:** Tuesday, September 05, 2017 4:11 PM  
**To:** Teuscher, David (HHS/IEA)  
**Subject:** RE: RAC

They seem to be happening more sporadically. Are you getting the senior leadership briefs?

## Joshua Barnes

Acting Director, Recovery Division, HHS/ASPR

D: 202-260-6123

M: (b)(6)

---

**From:** Teuscher, David (HHS/IEA)  
**Sent:** Tuesday, September 05, 2017 5:08 PM  
**To:** Barnes, Joshua (OS/ASPR/OEM)  
**Subject:** RE: RAC

Standing by now. Also available most of tomorrow morning and early afternoon.  
Would like to get re-plugged into the Secretary briefings. Got more out of those than any other conference calls.

David

---

**From:** Barnes, Joshua (OS/ASPR/OEM)  
**Sent:** Tuesday, September 05, 2017 4:02 PM  
**To:** Teuscher, David (HHS/IEA)  
**Subject:** RE: RAC

Sorry I missed your call – it's been nuts over here! Just had a chat with Nikki – I think she's looking to arrange a time for the three of us to talk.

Joshua Barnes

Acting Director, Recovery Division, HHS/ASPR

D: 202-260-6123

M: (b)(6)

---

**From:** Teuscher, David (HHS/IEA)  
**Sent:** Tuesday, September 05, 2017 3:09 PM  
**To:** Barnes, Joshua (OS/ASPR/OEM)  
**Subject:** RE: RAC

Left office VM.

---

**From:** Barnes, Joshua (OS/ASPR/OEM)  
**Sent:** Tuesday, September 05, 2017 1:31 PM  
**To:** Teuscher, David (HHS/IEA)  
**Subject:** RE: RAC

That was my thinking too. I can work the top cover end from here while you're soliciting input/engagement from that end.

Also appreciate your help getting Betty introduced and into the right rooms to help lead the ops side of this mission.

When you get a moment, I've got a sense for lanes and timing that might be helpful to discuss.

Let me know what works.

Thanks David!

Joshua Barnes

Acting Director, Recovery Division, HHS/ASPR

D: 202-260-6123

M: (b)(6)

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**From:** Teuscher, David (HHS/IEA)  
**Sent:** Tuesday, September 05, 2017 1:32 PM

**To:** Barnes, Joshua (OS/ASPR/OEM)  
**Subject:** RE: RAC

JB, talked to Mick and agree with him that we should ask all to report on every issue that they gain intelligence on. Would appreciate any HQ level support that Region 6 Op Divs need, but want to let the locals identify their gaps.

Thanks for Core missions. Helps me understand the lanes each is running in.

DT

---

**From:** Barnes, Joshua (OS/ASPR/OEM)  
**Sent:** Monday, September 04, 2017 12:27 PM  
**To:** Teuscher, David (HHS/IEA)  
**Subject:** RE: RAC

Ok, do you want to manage the CMS connection at the region or do you need anything from HQ-level? Maybe we can get CMS HQ to set up a webinar/telecom to review the info – get the same message out at the same time?

Here's our breakdown of OPDIVs per core mission area, if that helps:

- **Public Health**
  - Primary: CDC
  - Supporting: ATSDR, ACL, OASH, HRSA, NIH, ASPR, IHS
- **Healthcare Services**
  - Primary: HRSA, CMS
  - Supporting: SAMHSA, ACL, ASPR, FDA, ACF, IHS
- **Behavioral Health**
  - Primary: SAMHSA
  - Supporting: ASPR-OPP-ABC, NIH, HRSA, IHS
- **Environmental Health**
  - Primary: CDC, NIH-NIEHS, ATSDR
  - Supporting: ASPR, IHS, OASH
- **Food Safety and Regulated Medical Products**
  - Primary: FDA
  - Supporting: ASPR, CDC, IHS
- **Long-term Responder Health Issues**
  - Primary: CDC
  - Supporting: ASPR, NIH, IHS
- **Social Services**
  - Primary: ACF, ACL
  - Supporting: ASPR, IHS
- **Disaster Case Management/Referral to Social Services**
  - Primary: ACF, ACL
  - Supporting: ASPR, CMS, SAMHSA, IHS
- **Children and Youth in Disasters**
  - Primary: ACF, ASPR
  - Supporting: HRSA, IHS, SAMHSA



Joshua Barnes

Acting Director, Recovery Division, HHS/ASPR

D: 202-260-6123

M: (b)(6)

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**From:** Teuscher, David (HHS/IEA)  
**Sent:** Monday, September 4, 2017 11:34 AM  
**To:** Barnes, Joshua (OS/ASPR/OEM) <[Joshua.Barnes@hhs.gov](mailto:Joshua.Barnes@hhs.gov)>  
**Subject:** RE: RAC

We can definitely request a brief from RAC OpDivs, but it would probably be best to identify those OpDivs assigned to each issue in the comments section and deconstructive it into an individual reporting document to you and Betty. It could then be reconstructed to a unified document and reported out for all to see.

One additional area of concern is continuity of operation for physicians' practices with EHR disruption, reporting difficulties to CMS, lack of follow up for patients that have evacuated, and how CMS payment policies will be relaxed to keep revenue flow during recovery. I'd suggest we set up a call with CMS officials to explain all that and the 1115/1135 waivers and policy suspensions in the declared disaster area ASAP. We should invite state health officials, Texas Medical Association, Texas Hospital Association, county medical societies and any other stakeholders. I believe that most contingencies have been addressed, but the stakeholders need explanations and reassurance.

David

---

**From:** Barnes, Joshua (OS/ASPR/OEM)  
**Sent:** Sunday, September 03, 2017 7:11 PM  
**To:** Teuscher, David (HHS/IEA)  
**Subject:** RAC

David,

As we begin to bring together the impact assessment process, I'll have folks charged with keeping the information organized (like the attached – note it's still a work in progress).

But the information is wide reaching and can quickly become unwieldy. Any thoughts on engaging the RAC to see if we can integrate their anecdotal or qualitative feedback they're hearing from their partners/grantees?

It's a bit of an eye chart, but if we can keep a steady stream of input from them coming into our team, they can get it integrated into this common issue tracker.

Thoughts?

Josh

Joshua Barnes

Acting Director, Recovery Division, HHS/ASPR

D: 202-260-6123

M (b)(6)

# SENIOR LEADER BRIEF

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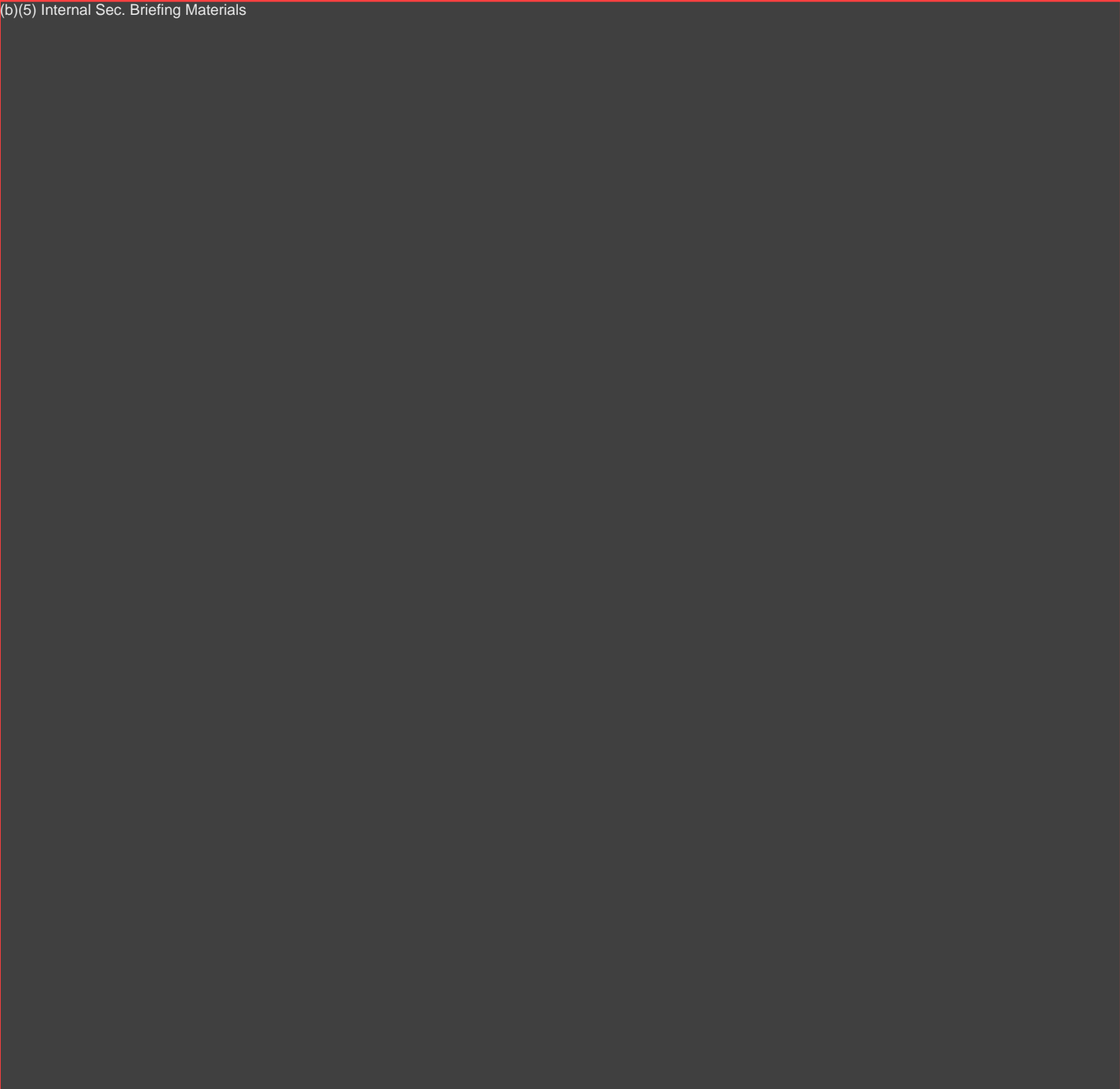
HARVEY 2017

Date: **Monday**, September **4**, 2017

Time: **0700ET**

Day **10** after landfall in Corpus Christi, TX

(b)(5) Internal Sec. Briefing Materials













## SENIOR LEADER BRIEF

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HARVEY 2017

Date: **Monday**, September **4**, 2017

Day **10** after landfall in Corpus Christi, TX

Time: **1400ET**

(b)(5) Internal Sec. Briefing Materials



Page **1** of **4**









# SENIOR LEADER BRIEF

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HARVEY 2017

Date: **Tuesday**, September **5**, 2017

Day **11** after landfall in Corpus Christi, TX

Time: **0730ET**

(b)(5) Internal Sec. Briefing Materials



Page **1** of **4**









Equity Forward \ Mary Alice Carter  
(for OS records production due by 2-1-2019)

FOIA #2018-00042-C-OS \ Legal Case: **1:18-cv-00241-RBW**  
Wynne, Maggie: 252 pages from e-mail inbox



**Bell, Michael (OS/ASPA)**

---

**From:** Wagner, Steven (ACF)  
**Sent:** Thursday, October 05, 2017 12:03 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** Here's Final Mandatory Package  
**Attachments:** Final FY 2019 ACF Mandatory Legislative Proposals.pdf

**Steven Wagner**  
**Acting Assistant Secretary**  
**Administration for Children and Families**  
**U.S. Department of Health and Human Services**  
**330 C Street, SW, Washington DC 20201**  
**202-401-1822**  
[Steven.Wagner@acf.hhs.gov](mailto:Steven.Wagner@acf.hhs.gov)

**Bell, Michael (OS/ASPA)**

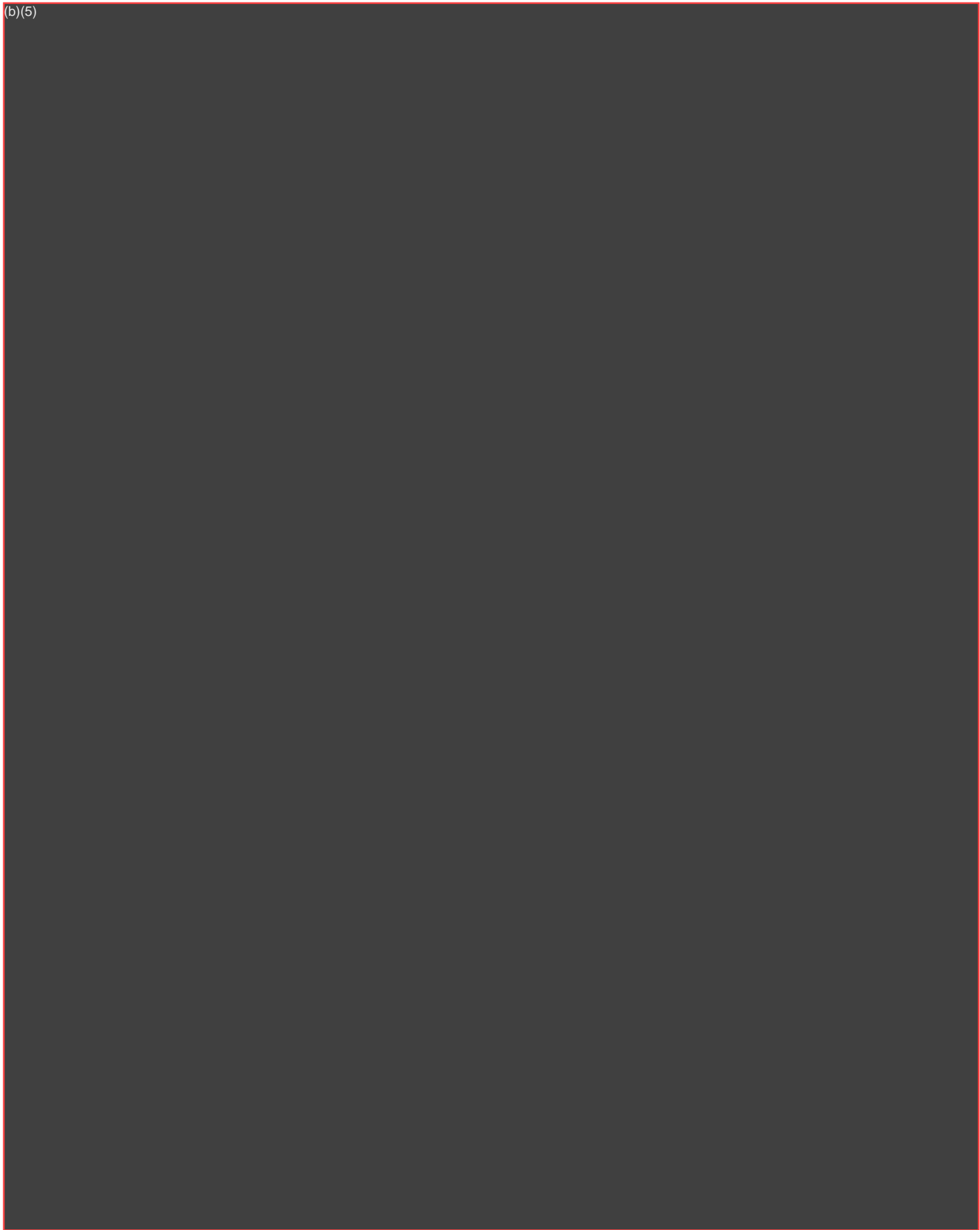
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**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Monday, October 02, 2017 7:52 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Cc:** Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Miller, Caitlyn (OS/ASFR); Curtis, Jillian (HHS/ASFR); O'Keefe, Erin (HHS\ASFR); Palmer, Ashley (OS/ASFR)  
**Subject:** Please respond by Tuesday COB: ACF Draft Responses to OMB

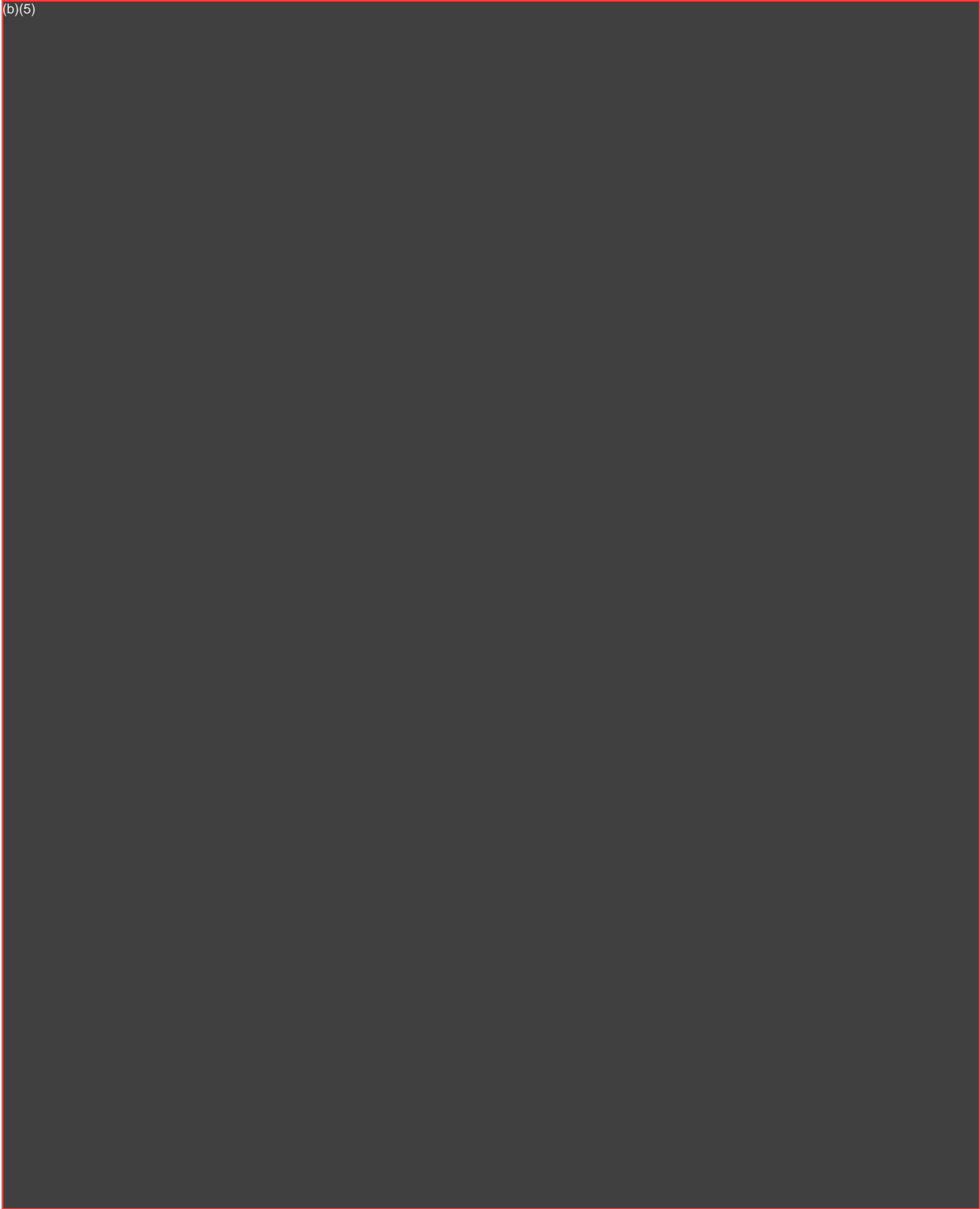
Maggie – Below are draft ACF to OMB questions after reviewing the FY 2019 budget justification. Please let us know if you have any edits by COB on Tuesday. Thanks!

(b)(5)









(b)(5)



(b)(5)







(b)(5)

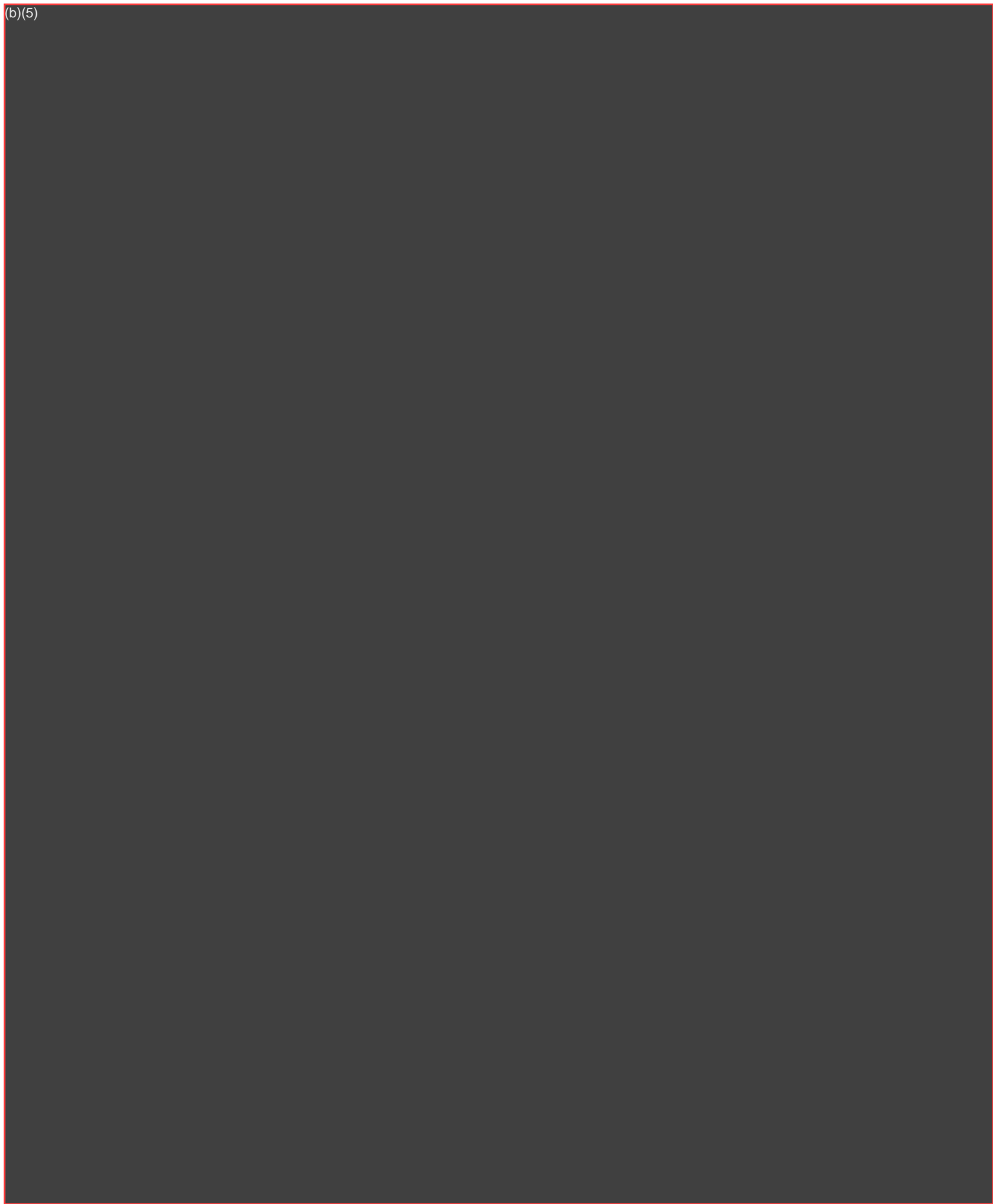


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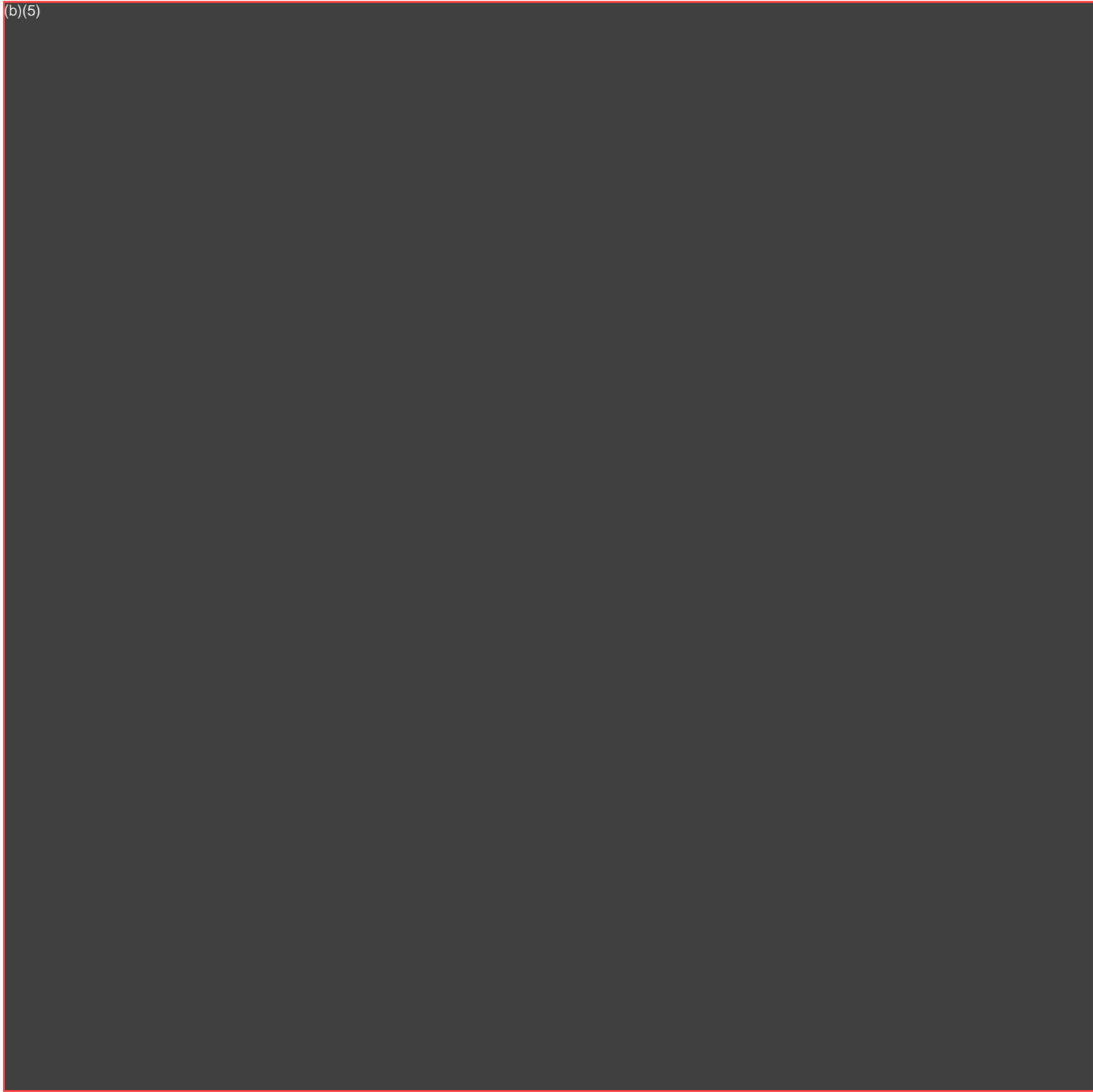




(b)(5)







## Bell, Michael (OS/ASPA)

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**From:** Smith, Andrew (HHS/IOS)  
**Sent:** Thursday, October 05, 2017 11:46 AM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** RE: ACF mandatory proposal meeting tomorrow  
**Attachments:** DHHS FY 2019 ACF and CMS Mandatory Legislative Proposals.pdf

The ACF proposals are pages 5-36 of the attached. Both of our printers are out right now.

---

**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Thursday, October 05, 2017 10:57 AM  
**To:** Smith, Andrew (HHS/IOS)  
**Subject:** RE: ACF mandatory proposal meeting tomorrow

Andrew,

Do you have a write up of the proposals (TANF 2.0 and TANF Demo) as submitted to OMB?

If not, I'll ask Jen for them.

I didn't check the OMBJ, so I'm not sure if they appear there.

Maggie

---

**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Thursday, October 05, 2017 9:54 AM  
**To:** Wagner, Steven (ACF)  
**Cc:** Wynne, Maggie (HHS/IOS); Smith, Andrew (HHS/IOS)  
**Subject:** Fwd: ACF mandatory proposal meeting tomorrow

Steve - FYI, John Gray at OMB shared he's primarily interested in TANF followed by foster care.

Confidential and pre-decisional communication

Begin Forwarded Message:

**From:** "Gray, John" [REDACTED] EOP/OMB" <[John.Gray](#)<sup>(b)(6)</sup>>  
**Subject:** RE: ACF mandatory proposal meeting tomorrow  
**Date:** 05 October 2017 09:49  
**To:** "Moughalian, Jen (HHS/ASFR)" <[Jen.Moughalian@hhs.gov](mailto:Jen.Moughalian@hhs.gov)>  
**Cc:** "Wynne, Maggie (HHS/IOS)" <[Margaret.Wynne@hhs.gov](mailto:Margaret.Wynne@hhs.gov)>

Hi Jen –

I think my team passed along a priority list, but otherwise, I am most interested in your TANF proposal. Next on that list may be the Foster care reform.

---

**From:** Moughalian, Jen (HHS/ASFR) [<mailto:Jen.Moughalian@hhs.gov>]  
**Sent:** Wednesday, October 4, 2017 4:11 PM  
**To:** Gray, John [REDACTED] EOP/OMB <[John.Gray](#)<sup>(b)(6)</sup>>

**Cc:** Wynne, Maggie (HHS/IOS) <[Margaret.Wynne@hhs.gov](mailto:Margaret.Wynne@hhs.gov)>

**Subject:** ACF mandatory proposal meeting tomorrow

Hi John –

HHS is looking forward to meeting with you tomorrow to discuss ACF's A-19 proposals for the FY19 Budget. We've heard you're only available for the first hour, and we want to make sure the meeting meets your needs. Are there specific proposals that you want to discuss first, and would you prefer an overview briefing or move right to OMB questions?

Thanks,  
Jen

Jen Moughalian  
US Department of Health and Human Services  
202-690-6061 (Office)  
(b)(6) (Cell)

*Deliberative and pre-decisional communication*



## Bell, Michael (OS/ASPA)

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**From:** Destro, Brenda (HHS/ASPE)  
**Sent:** Friday, October 13, 2017 4:22 PM  
**To:** Wynne, Maggie (HHS/IOS); Wagner, Steven (ACF); Lloyd, Scott (ACF)  
**Cc:** Graham, John (HHS/ASPE)  
**Subject:** FW: Refugee Cost Range Analysis  
**Attachments:** ASPE Memo\_HHS Range of Costs for Refugees\_10.13.17.docx; HHS Expenditures on Refugees.docx; DRAFT ASPE Refugee Impact Report\_8.10.17.docx

All -

Attached is the latest report on HHS costs for refugees that focuses on a select number of countries. I am going over it now and will be discussing it with Robin next week. In the meantime, I wanted to share these results with you ASAP. I have also included other reports to help with the comparison. Let me know if you have any questions.

Brenda

---

**From:** Ghertner, Robin (HHS/ASPE)  
**Sent:** Friday, October 13, 2017 9:56 AM  
**To:** Burnszynski, Jennifer (OS/ASPE); Destro, Brenda (HHS/ASPE)  
**Subject:** Refugee Cost Range Analysis

Brenda –

Attached you'll find the memo looking at refugee cost ranges for HHS programs across countries. Let me know if you have any questions. Sorry it is delayed – we had to go back to Urban a second time for additional analysis, and then we had some further tweaking to do.

Robin Ghertner  
202-690-6939 (office) – (b)(6) (cell)  
Director of Data and Technical Analysis  
Office of Human Services Policy  
Assistant Secretary for Planning and Evaluation  
Department of Health and Human Services

## Bell, Michael (OS/ASPA)

---

**From:** Lloyd, Scott (ACF)  
**Sent:** Tuesday, September 19, 2017 3:30 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** FW: Update on Presidential Memorandum Refugee Cost Report  
**Attachments:** DRAFT Refugee Impact Report July29-ORR comments 8-7.docx

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**From:** Bartlett, Lawrence E. [<mailto:BartlettLE@state.gov>]

**Sent:** Tuesday, September 05, 2017 9:57 AM

**To:** Amanda Hill; Anne Chiorazzi; Baroang, Catherine A; Boas, Heidi H; Brian Widuch; Chi Mac; James Liberto; Jamie Taber; Simmons, Joann (ACF); Tota, Kenneth (ACF); White, Laura (ACF); Lawson, Guy M (USEU); Lindsay, Annelisa; Macartney, Suzanne (OS/ASPE); Mayda, Anna M; Meade, Erica (HHS/ASPE); [Nancy](#) [Kenly](#)<sup>(b)(6)</sup>  
[nehal dala](#)<sup>(b)(6)</sup> Burbank, Nick (HHS/ASFR); O'Connor, Margaret R; Patrick Mellon; Ghermer, Robin (HHS/ASPE); Jones, Robin (ACF); Santos, Carol T; Lloyd, Scott (ACF); Shawn Bleakley; Stehle, Katherine M; Acker Housman, Stephanie (OS/ASPE); Tafara-Maddox, Leah; [amy](#) [filipek](#)<sup>(b)(6)</sup> Maskus, Keith E  
**Cc:** Gauger, Kelly A; Ingraham, Hilary E

**Subject:** Update on Presidential Memorandum Refugee Cost Report

Dear Members:

As you know the Memorandum required submission of a report on September 2. We were unable to meet this deadline since HHS was still reviewing their initial findings (attached). HHS informed us on September 1 that senior leadership is questioning the assumptions used to produce the report. Since this is an inter-agency effort, led by the Department of State, there is a need to convene a working group meeting or call to discuss HHS's proposed changes to the assumptions used to produce the report. Carrie Santos will be reaching out to members to set a time to discuss. Thanks.  
Larry

Lawrence Bartlett

Director, Refugee Admissions • Bureau of Population, Refugees, and Migration • U.S. Department of State  
2025 E Street NW, Washington, DC 20520 | phone: 202.453.9270 | fax: 202.453.9393 | email: [bartlettLE@state.gov](mailto:bartlettLE@state.gov)

Official

UNCLASSIFIED

## Bell, Michael (OS/ASPA)

---

**From:** Stannard, Paula (HHS/IOS)  
**Sent:** Tuesday, September 19, 2017 12:15 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** Fwd: Strategic PLaN Comments Due Friday September 15 at 11 a.m.  
**Attachments:** HHSStrategicPlan2018-2022Draft - September 13 Track Changes JRG ps.docx

As mentioned.

Paula

Begin Forwarded Message:

**From:** "Stannard, Paula (HHS/IOS)" <[Paula.Stannard@hhs.gov](mailto:Paula.Stannard@hhs.gov)>  
**Subject:** RE: Strategic PLaN Comments Due Friday September 15 at 11 a.m.  
**Date:** 17 September 2017 22:11  
**To:** "Graham, John (HHS/ASPE)" <[John.Graham@hhs.gov](mailto:John.Graham@hhs.gov)>

Attached are my comments/revisions. I am happy to explain the reasons for my edits. For example, in some instances, I

(b)(5)

Paula

---

**From:** Stannard, Paula (HHS/IOS)  
**Sent:** Friday, September 15, 2017 10:53 AM  
**To:** Graham, John (HHS/ASPE)  
**Subject:** Re: Strategic PLaN Comments Due Friday September 15 at 11 a.m.

John --

I am not able to get you my comments/revisions until later tonight or first thing tomorrow morning.

Paula

On: 14 September 2017 08:55, "Graham, John (HHS/ASPE)" <[John.Graham@hhs.gov](mailto:John.Graham@hhs.gov)> wrote:

11 A.M. Thank you! Regret the typo.

---

**From:** Stannard, Paula (HHS/IOS)  
**Sent:** Wednesday, September 13, 2017 6:57 PM  
**To:** Graham, John (HHS/ASPE); Bell, March (HHS/OCR); Royce, Shannon (OS/CFBNP)  
**Cc:** Schaefer, Nina (HHS/IOS)  
**Subject:** RE: Strategic PLaN Comments Due Friday September 15 at 11 a.m.

11 am or 11 pm? Subject line says one, body of the email says another.

Paula



---

**From:** Graham, John (HHS/ASPE)  
**Sent:** Wednesday, September 13, 2017 6:33 PM  
**To:** Stannard, Paula (HHS/IOS); Bell, March (HHS/OCR); Royce, Shannon (OS/CFBNP)  
**Cc:** Schaefer, Nina (HHS/IOS)  
**Subject:** Strategic Plan Comments Due Friday September 15 at 11 a.m.

Colleagues,

Thank you for taking the time to speak over the last couple of days.

I attach my draft that (I trust) accepts your inputs adequately. I also attach an MS Excel tracker that indicates which OPDIV/STAFFDIV commented. The tab labeled "Second Round Comments inc JRG" has a column H that shows my response (sometimes to my ASPE staff response).

(b)(5)



Please call if you have any questions.

John R. Graham  
Acting Assistant Secretary for Planning and Evaluation (ASPE)  
U.S. Department of Health & Human Services

Office: (202) 690-7858

Hubert Humphrey Building  
Room 415-F  
200 Independence Ave., SW  
Washington, DC 20201

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## Bell, Michael (OS/ASPA)

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**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Monday, September 25, 2017 10:00 PM  
**To:** Stannard, Paula (HHS/IOS); Schaefer, Nina (HHS/IOS); Lenihan, Keagan (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Wynne, Maggie (HHS/IOS); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS)  
**Cc:** Palmer, Ashley (OS/ASFR); Street, Amanda (HHS/IOS)  
**Subject:** Summaries of OMB FY 2019 Budget Hearings: AHRQ, OMHA, ONC, Cybersecurity  
**Attachments:** OMHA FY 2019 OMB Budget Hearing Summary.docx; AHRQ FY 2019 OMB Budget Hearing Summary.docx; Cybersecurity\_FY 2019 OMB Budget Hearing Summary.docx; ONC FY 2019 OMB Budget Hearing Summary.docx

Team – Attached are summaries of FY 2019 OMB Budget Hearings last week for :

- AHRQ
- Cybersecurity
- OMHA
- ONC

Jen Moughalian  
US Department of Health and Human Services  
202-690-6061 (Office)  
(b)(6) (Cell)

*Deliberative and pre-decisional communication*

## Bell, Michael (OS/ASPA)

---

**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Wednesday, September 20, 2017 10:22 PM  
**To:** Skrzycki, Kristin (HHS/IOS); Stannard, Paula (HHS/IOS); Schaefer, Nina (HHS/IOS); Lenihan, Keagan (HHS/IOS); Wynne, Maggie (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Keckler, Charles (HHS/IOS); Lenihan, Keagan (HHS/IOS); Agnew, Ann (HHS/IOS); Arbes, Sarah (HHS/ASL); Caliguiri, Laura (HHS/IOS); Bardis, John (HHS/ASA); Graham, John (HHS/ASPE); Pence, Laura (HHS/IOS); Leggitt, Lance (HHS/IOS); Graham, John (HHS/ASPE); O'Brien, John (HHS/ASPE)  
**Cc:** Cochran, Norris (HHS/ASFR); McMillen, Cheryl (HHS/ASFR); Elder, Mark (HHS/ASFR); Kelley, Curtis (HHS/ASFR)  
**Subject:** Please review by 10 AM Friday: FY 2019 Mandatory A19 Legislative Proposals  
**Attachments:** Package 2 FY 2019 Mandatory Legislative Proposals (3).docx

SBC Colleagues,

Attached you will find a second draft package of mandatory A19s for submission to OMB on Friday, September 22<sup>nd</sup> as an addition to the package sent to OMB on Monday, September 18<sup>th</sup>. **We are seeking your comments and feedback by 10 am Friday.**

(b)(5)



Thank you!

Jen Moughalian  
US Department of Health and Human Services  
202-690-6061 (Office)  
(b)(6) (Cell)

*Deliberative and pre-decisional communication*



## Bell, Michael (OS/ASPA)

---

**From:** Klimczak, Kate (HHS/ASFR)  
**Sent:** Monday, May 01, 2017 5:52 PM  
**To:** Leggitt, Lance (HHS/IOS); Stannard, Paula (HHS/IOS); Street, Amanda (HHS/IOS); Skrzycki, Kristin (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR); Klimczak, Kate (HHS/ASFR)  
**Subject:** For review by Monday (5/8) 10am - Secretary's FY18 Budget Briefing Papers  
**Attachments:** Batch 1 SBB for Counselor Review.docx

All,

ASFR is currently developing the Secretary's Fiscal Year 2018 Budget Briefing (SBB) book. The SBB serves as the Secretary's foundational briefing book on the Department's FY 2018 budget request. There are three sections: HHS Overview, HHS Crosscuts and initiatives, and OPDIV/STAFFDIV budget summaries. The briefing papers contain FY18 budget numbers, topline messages, QA, and background information.

Attached are the first batch of SBB papers for your review. We plan to send a second batch tomorrow afternoon (you will see placeholders in the attached document). Please note, we have noted directly in the briefing papers if we are waiting for additional information or if material has been previously cleared.

**Please review and send any comments to Kate Klimczak ([kate.klimczak@hhs.gov](mailto:kate.klimczak@hhs.gov)) by 10am on Monday, May 8<sup>th</sup>**. ASFR will incorporate all of your comments and produce a final SBB before the FY18 Budget's scheduled release on May 22<sup>nd</sup>.

Please let me know if you have any questions.

Thank you!

Kate

Kate Klimczak  
Appropriations Liaison  
ASFR | Office of Budget  
U.S. Department of Health and Human Services  
[Kate.Klimczak@hhs.gov](mailto:Kate.Klimczak@hhs.gov) | 202-690-6293

## Bell, Michael (OS/ASPA)

---

**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Friday, March 31, 2017 12:00 PM  
**To:** Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Horn, Wade (HHS/IOS) (CTR); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Agnew, Ann (HHS/IOS)  
**Cc:** Cochran, Norris (HHS/ASFR); Cash, Lester (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Gelbmann, Jane (HHS/ASFR); Moughalian, Jen (HHS/ASFR)  
**Subject:** For Review by 4/4: FY18 Appropriations Language for General Provisions  
**Attachments:** 2018 PB General Provisions for the President's Budget - for review.docx  
  
**Due By:** Monday, April 03, 2017 5:00 PM  
**Flag Status:** Flagged

Team,

Each year, as part of the President's Budget, HHS recommends to OMB any desired changes to the general provisions that are included in the annual appropriation acts. The attached document summarizes the general provisions in the FY 2016 act that govern the majority of HHS, and includes recommendations (b)(5) ASFR would appreciate your feedback on which provisions the Budget should propose to delete, modify, or add in the FY 2018 President's Budget. Provisions in the 200s affect HHS only, whereas provisions in the 500s affect the Departments of Labor, Education, and HHS.

(b)(5)



Unfortunately, due to the timetable OMB recently shared with us, they are requiring agency input next week. We have negotiated for more time but only a matter of days. Given that, please review and provide feedback on this document by **COB Tuesday, April 4**. Additionally, we are happy to meet with you on Monday, April 3, if you would like to discuss this document in further depth.

Thanks!  
Jen

Jen Moughalian

US Department of Health and Human Services

202-690-6861 (Office)

(b)(6) (Cell)



## Bell, Michael (OS/ASPA)

---

**From:** Coughlin, Janis (HHS/ASFR)  
**Sent:** Thursday, March 30, 2017 10:02 AM  
**To:** Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Horn, Wade (HHS/IOS) (CTR); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Agnew, Ann (HHS/IOS)  
**Cc:** Cochran, Norris (HHS/ASFR); Moughalian, Jen (HHS/ASFR); O'Keefe, Erin (HHS\ASFR)  
**Subject:** FY18 Allocation Summaries for Review by 12pm - ONC, SAMHSA, OS, and CMS HCFAC  
**Attachments:** OMHA Summary of Recommendations.docx; GDM Summary of Recommendations.docx; OCR Summary of Recommendations.docx; OIG Summary of Recommendations.docx; SAMHSA Summary of Recommendations.docx; HCFAC Summary of Recommendations.docx; ONC Summary of Recommendations.docx

**Importance:** High

Team -

This is the last round of OpDiv-specific materials for your review as we prepare for the meeting with the Secretary on Friday at 1 pm to review the FY 2018 funding allocations. Please find attached additional FY 2018 Budget Allocation Summary of Recommendations for **ONC, SAMHSA, OS, and CMS HCFAC**. Please review the summaries and provide your feedback on the proposed allocations **by 12 pm today**.

Last week, ASFR consulted with the OpDivs/StaffDivs to develop a recommende

(b)(5)

(b)(5) The attached summaries reflect the OpDivs/StaffDivs' input and ASFR's analysis.

ASFR will incorporate your comments and prepare the summary materials to be included in the Secretary's Book on Thursday evening in advance of the FY18 Budget Allocation meeting scheduled for 1pm on Friday. You will receive a final copy of the materials at the same time.

We will continue to share summaries on a rolling basis as they become available to facilitate your review. We appreciate your assistance in preparing materials to ensure our time with the Secretary on Friday will be the most effective.

Thank you,  
Janis

Janis Coughlin-Piester  
Director  
Budget Policy, Execution, and Review Division  
ASFR/Office of Budget  
Department of Health and Human Services  
202-690-7393 (main)  
202-690-5689 (direct)

## Bell, Michael (OS/ASPA)

---

**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Tuesday, March 28, 2017 10:29 AM  
**To:** Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Horn, Wade (HHS/IOS) (CTR); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Agnew, Ann (HHS/IOS); Murphy, Ryan (OS/ASPA); Street, Amanda (HHS/IOS); Lloyd, Matt (OS/ASPA); Arbes, Sarah (HHS/ASL); Morse, Sara (HHS/ASL)  
**Cc:** Cochran, Norris (HHS/ASFR)  
**Subject:** FW: Breaking News — White House offers FY 2017 funding cuts for FDA, NIH

More coverage of the 17 offsets.

---

**From:** The Hill Extra [<mailto:thehillextra@thehill.com>]  
**Sent:** Tuesday, March 28, 2017 10:25 AM  
**To:** Moughalian, Jen (HHS/ASFR)  
**Subject:** Breaking News — White House offers FY 2017 funding cuts for FDA, NIH

To ensure you receive our emails, please add [thehillextra@thehill.com](mailto:thehillextra@thehill.com) to your address book.



## White House offers FY 2017 funding cuts for FDA, NIH

By **Kat Lucero**

The White House is proposing to cut \$1.2 billion from the National Institutes of Health for the current fiscal year and \$40 million from the Food and Drug Administration, according to a summary obtained by *The Hill Extra*.

The recommendation is part of the Trump administration's fiscal 2017 budget proposal for the Health and Human Services Department.

The proposal also seeks to cut about \$50 million from the Agency for Healthcare Research and Quality, \$50 million from teen pregnancy programs and \$65 million from the CDC for public health programs.

The proposed amounts come after **President Trump** unveiled mid-March his recommendations for fiscal 2018. He suggested an 18 percent cut to HHS, including major NIH reductions and reorganization to the institute's centers.

These new discretionary amounts, however, are suggestions to Congress as lawmakers embark on the federal budget and appropriations process. Congress approves funding for these sections in the HHS.

HHS Secretary **Tom Price** also is scheduled to come before the House Appropriations Subcommittee panel this Wednesday.

To read on The Hill Extra, [click here](#).

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## Bell, Michael (OS/ASPA)

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**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Monday, March 27, 2017 7:52 PM  
**To:** Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Horn, Wade (HHS/IOS) (CTR); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Agnew, Ann (HHS/IOS)  
**Cc:** Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Moughalian, Jen (HHS/ASFR)  
**Subject:** For Review: FY18 Budget Allocation Summaries - ACF, ACF, HRSA, PHSSEF, FDA  
**Attachments:** PHSSEF Summary of Recommendations FY 2018.docx; FDA Summary of Recommendations FY 2018.docx; HRSA Summary of Recommendations.docx; ACL Summary of Recommendations.docx; ACF Summary of Recommendations.docx

**Due By:** Wednesday, March 29, 2017 5:00 PM  
**Flag Status:** Flagged

Colleagues,

We have time scheduled with the Secretary on Friday at 1 pm to review the FY 2018 funding allocations that due to OMB at 5 pm. Last week, ASFR consulted with the OpDivs/StaffDivs to develop a recommended (b)(5)

(b)(5)

Attached are the FY 2018 Budget Allocation Summary of Recommendations for **ACL, ACF, HRSA, FDA, Public Health and Social Services Emergency Fund**. These summaries reflect the OpDivs/StaffDivs' input and ASFR's analysis.

Please review the Summaries and provide your feedback on the proposed allocations **by 10 am on Thursday**. ASFR will then incorporate your comments and prepare the summary materials to be included in the Secretary's Book on Thursday evening in advance of the FY18 Budget Allocation meeting scheduled for 1pm on Friday. You will receive a final copy of the materials at the same time.

We will continue to share summaries on a rolling basis as they become available to facilitate your review. We appreciate your assistance in preparing materials to ensure our time with the Secretary on Friday will be the most effective.

Thank you

## Bell, Michael (OS/ASPA)

---

**From:** Donley, Katherine (HHS/ASFR)  
**Sent:** Thursday, September 21, 2017 9:17 AM  
**To:** Wynne, Maggie (HHS/IOS); Moughalian, Jen (HHS/ASFR)  
**Cc:** Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Burbank, Nick (HHS/ASFR); Palmer, Ashley (OS/ASFR)  
**Subject:** RE: Clearance: Infant Adoption Awareness program

Maggie,

Thanks so much for your review last night. We will send forward the response with your changes incorporated.

PPA stands for Program, Project or Activity and refers to the line items displayed in Congressional Justifications and Appropriation Committee tables and reports.

Let us know if anything else would be helpful!  
Katie

Katie Donley  
202.690.6704 (office)  
(b)(6) (cell)

---

**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Wednesday, September 20, 2017 10:20 PM  
**To:** Donley, Katherine (HHS/ASFR); Moughalian, Jen (HHS/ASFR)  
**Cc:** Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Burbank, Nick (HHS/ASFR); Palmer, Ashley (OS/ASFR)  
**Subject:** RE: Clearance: Infant Adoption Awareness program

Hi Katie,

(b)(5)

Pardon my ignorance on this, but what does PPA stand for? I'm assuming the A is for Account.

Thanks,  
Maggie

*Deliberative and pre-decisional communication*

---

**From:** Donley, Katherine (HHS/ASFR)  
**Sent:** Wednesday, September 20, 2017 4:59 PM  
**To:** Moughalian, Jen (HHS/ASFR); Wynne, Maggie (HHS/IOS)  
**Cc:** Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Burbank, Nick (HHS/ASFR); Palmer, Ashley (OS/ASFR)  
**Subject:** RE: Clearance: Infant Adoption Awareness program

Jen and Maggie,

(b)(5)

(b)(5)

Apologies for the earlier omission.

Katie

Katie Donley

202.690.6704 (office)

(b)(6)

(cell)

---

**From:** Donley, Katherine (HHS/ASFR)

**Sent:** Wednesday, September 20, 2017 2:04 PM

**To:** Moughalian, Jen (HHS/ASFR) ([Jen.Moughalian@hhs.gov](mailto:Jen.Moughalian@hhs.gov)); Wynne, Maggie (HHS/IOS)

**Cc:** Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Burbank, Nick (HHS/ASFR); Palmer, Ashley (OS/ASFR)

**Subject:** Clearance: Infant Adoption Awareness program

Jen and Maggie,

House majority approps asked about a program that ACF used to run called the Infant Adoption Awareness program. (See [link](#).) The staffer would like to know why the program stopped being funded, which PPA the programs were funded by and how much money they received the last year it was funded.

Draft response:

(b)(5)

Please let us know if you have any concerns about this going forward to the Hill.

Thanks,  
Katie

Katie Donley



Congressional Liaison Specialist  
Office of Budget  
Assistant Secretary for Financial Resources  
Department of Health and Human Services  
202.690.6704 (office)  
(b)(6) (cell)

## Bell, Michael (OS/ASPA)

---

**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Wednesday, September 20, 2017 10:20 PM  
**To:** Donley, Katherine (HHS/ASFR); Moughalian, Jen (HHS/ASFR)  
**Cc:** Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Burbank, Nick (HHS/ASFR); Palmer, Ashley (OS/ASFR)  
**Subject:** RE: Clearance: Infant Adoption Awareness program

Hi Katie,

(b)(5)

A large rectangular area of the email body is redacted with a solid black background.

Pardon my ignorance on this, but what does PPA stand for? I'm assuming the A is for Account.

Thanks,  
Maggie

*Deliberative and pre-decisional communication*

---

**From:** Donley, Katherine (HHS/ASFR)  
**Sent:** Wednesday, September 20, 2017 4:59 PM  
**To:** Moughalian, Jen (HHS/ASFR); Wynne, Maggie (HHS/IOS)  
**Cc:** Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Burbank, Nick (HHS/ASFR); Palmer, Ashley (OS/ASFR)  
**Subject:** RE: Clearance: Infant Adoption Awareness program

Jen and Maggie,

(b)(5)

A horizontal rectangular area of the email body is redacted with a solid black background.

(b)(5)

Apologies for the earlier omission.

Katie

Katie Donley  
202.690.6704 (office)  
202.841.6563 (cell)

---

**From:** Donley, Katherine (HHS/ASFR)  
**Sent:** Wednesday, September 20, 2017 2:04 PM  
**To:** Moughalian, Jen (HHS/ASFR) ([Jen.Moughalian@hhs.gov](mailto:Jen.Moughalian@hhs.gov)); Wynne, Maggie (HHS/IOS)  
**Cc:** Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Burbank, Nick (HHS/ASFR); Palmer, Ashley (OS/ASFR)  
**Subject:** Clearance: Infant Adoption Awareness program

Jen and Maggie,

House majority approps asked about a program that ACF used to run called the Infant Adoption Awareness program. (See [link](#).) The staffer would like to know why the program stopped being funded, which PPA the programs were funded by and how much money they received the last year it was funded.

Draft response:

(b)(5)



Please let us know if you have any concerns about this going forward to the Hill.

Thanks,  
Katie

Katie Donley  
Congressional Liaison Specialist  
Office of Budget  
Assistant Secretary for Financial Resources  
Department of Health and Human Services  
202.690.6704 (office)

(b)(6) (cell)



## Bell, Michael (OS/ASPA)

---

**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Monday, May 15, 2017 9:40 PM  
**To:** Stannard, Paula (HHS/IOS); Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Wynne, Maggie (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Murphy, Ryan (OS/ASPA); Agnew, Ann (HHS/IOS); Arbes, Sarah (HHS/ASL)  
**Cc:** Cochran, Norris (HHS/ASFR); Donley, Katherine (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR)  
**Subject:** Summary of the FY 2017 Omnibus Appropriation  
**Attachments:** Comprehensive Summary of the FY 2017 Omnibus 5.9.17.docx

Team –

Attached is a summary ASFR prepared of the Consolidated Appropriations Act, 2017 (P.L. 115-31), which funds the Federal Government through the end of September. We hope you will find it helpful.

Thanks

US Department of Health and Human Services  
202-690-6061 (Office)  
(b)(6) (Cell)

*Pre-decisional communication*

## Bell, Michael (OS/ASPA)

---

**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Wednesday, May 03, 2017 1:39 PM  
**To:** Stannard, Paula (HHS/IOS); Schaefer, Nina (HHS/IOS); Lenihan, Keagan (HHS/IOS); Graham, John (HHS/ASPE); Agnew, Ann (HHS/IOS); Flick, Heather (OS/OGC); Arbes, Sarah (HHS/ASL); Lapinski, Mary-Sumpter (HHS/IOS); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Horn, Wade (HHS/IOS) (CTR); Caliguiri, Laura (HHS/IOS); Street, Amanda (HHS/IOS)  
**Cc:** Leggitt, Lance (HHS/IOS); Skrzycki, Kristin (HHS/IOS); Cochran, Norris (HHS/ASFR)  
**Subject:** TPMD Memo on the FY17 Omnibus  
**Attachments:** FY17 Omnibus bill Summary Memo to TPMD \_ Final.docx

Hi all –

Attached is a high-level summary of the FY17 Omnibus Spending Bill that is expected to pass this week, which ASFR shared with Dr. Price yesterday.

Please feel free to reach out to me or Norris with any questions. Thanks

Jen Moughalian  
US Department of Health and Human Services  
202-690-6061 (Office)  
(b)(6) (Cell)

*Pre-decisional communication*

## Bell, Michael (OS/ASPA)

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**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Friday, March 24, 2017 12:28 PM  
**To:** Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Horn, Wade (HHS/IOS) (CTR); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Agnew, Ann (HHS/IOS); Horn, Wade (HHS/IOS) (CTR)  
**Cc:** Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR); Moughalian, Jen (HHS/ASFR)  
**Subject:** (b)(5)  
**Attachments:** (b)(5)

Team –

OMB shared the attached updated list of HHS offsets for the 2017 CR.

(b)(5)

(b)(5)

(b)(5)

We are drafting talking points in

response for the Secretary's prep materials for the March 29 hearing and member calls.

Thanks!

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**From:** Cochran, Norris (HHS/ASFR)  
**Sent:** Friday, March 24, 2017 10:32 AM  
**To:** Moughalian, Jen (HHS/ASFR)  
**Subject:** Fwd: 2017 reduction options

Jen - OMB sent the revised list if you want to share with the policy team.

Norris

Begin forwarded message:

**From:** "Overstreet, Tyler" EOP/OMB <Tyler.Overstreet (b)(6)>  
**Date:** March 24, 2017 at 10:26:19 AM EDT  
**To:** "Cochran, Norris (HHS/ASFR)" <[norris.cochran@hhs.gov](mailto:norris.cochran@hhs.gov)>  
**Cc:** "Reilly, Tom" EOP/OMB <Thomas.Reilly (b)(6)>, "Garufi, Marc" EOP/OMB <[Marc.Garufi](mailto:Marc.Garufi)>, "Hanson, Jennifer" EOP/OMB <[Jennifer.Hanson](mailto:Jennifer.Hanson) (b)(6)>  
**Subject:** 2017 reduction options

Norris,

(b)(5)

Thanks,  
Tyler



## Bell, Michael (OS/ASPA)

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**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Thursday, March 23, 2017 4:33 PM  
**To:** Leggitt, Lance (HHS/IOS); Stannard, Paula (HHS/IOS); Skrzycki, Kristin (HHS/IOS); Street, Amanda (HHS/IOS); Schaefer, Nina (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Wynne, Maggie (HHS/IOS); Flick, Heather (OS/OGC)  
**Cc:** Cochran, Norris (HHS/ASFR); Moughalian, Jen (HHS/ASFR)  
**Subject:** (b)(5)  
**Attachments:** (b)(5)  
**Importance:** High

We just received from OMB their proposed

(b)(5)

(b)(5)

(b)(5)

## Bell, Michael (OS/ASPA)

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**From:** Jones, Robin (ACF)  
**Sent:** Wednesday, March 08, 2017 6:22 PM  
**To:** Wynne, Maggie (HHS/IOS); Lloyd, Edward (ACF)  
**Cc:** Barlow, Amanda (ACF); White, Jonathan (ACF); Tota, Kenneth (ACF); Gregg, Laura (ACF)  
**Subject:** UC full year budget assumptions  
**Attachments:** Budget Options and Risk Tolerance-03082017 final.docx; FY 2017 NEW Tipping Point Template 03.07.2017 Estimate DHS Deterrence.xlsx; FY 2017 NEW Tipping Point Template 03.07.2017 Estimate HIGH.xlsx; FY 2017 NEW Tipping Point Template 03.07.2017 Estimate LOW - Current Referrals.xlsx

Maggie and Scott,

Attached is the document we shared today as well as the three back-up tables that I am proposing to share with ASFR and OMB at the staff level for review of the UC program full year costs. Per our discussion today, please let me know if you have any concerns with this going forward by 2pm tomorrow (3/9).

Thanks,  
Robin

Robin M. Jones  
Budget Analyst, Office of Legislative Affairs and Budget  
Administration for Children and Families  
U.S. Department of Health and Human Services  
[Robin.jones@acf.hhs.gov](mailto:Robin.jones@acf.hhs.gov)  
Desk: 202-205-5842  
BE(b)(6)

## Bell, Michael (OS/ASPA)

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**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Friday, September 22, 2017 2:54 PM  
**To:** Arbes, Sarah (HHS/ASL); Skrzycki, Kristin (HHS/IOS); Stannard, Paula (HHS/IOS); Schaefer, Nina (HHS/IOS); Lenihan, Keagan (HHS/IOS); Wynne, Maggie (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Keckler, Charles (HHS/IOS); Lenihan, Keagan (HHS/IOS); Agnew, Ann (HHS/IOS); Caliguiri, Laura (HHS/IOS); Bardis, John (HHS/ASA); Graham, John (HHS/ASPE); Pence, Laura (HHS/IOS); Leggitt, Lance (HHS/IOS); Graham, John (HHS/ASPE); O'Brien, John (HHS/ASPE)  
**Cc:** Cochran, Norris (HHS/ASFR); McMillen, Cheryl (HHS/ASFR); Elder, Mark (HHS/ASFR); Kelley, Curtis (HHS/ASFR)  
**Subject:** Final Version - FY 2019 Mandatory A19 Legislative Proposals Part 2  
**Attachments:** DHHS FY 2019 Mandatory Submission Part 2.pdf

Team –

Attached is the second and final package of FY 2019 Mandatory A19 Legislative Proposal submitted to OMB a few minutes ago. Thanks for all help in developing and look forward to the upcoming discussions with OMB.

Thanks!

Jen

Jen Moughalian  
US Department of Health and Human Services  
202-690-6061 (Office)  
(b)(6) (Cell)

*Deliberative and pre-decisional communication*



## Bell, Michael (OS/ASPA)

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**From:** Grifka, Michelle (OS/OB)  
**Sent:** Friday, September 01, 2017 4:42 PM  
**To:** Skrzycki, Kristin (HHS/IOS); Schaefer, Nina (HHS/IOS); Street, Amanda (HHS/IOS); Stannard, Paula (HHS/IOS); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Rice, Garey R. (OS/ASFR); Stacy, Jennifer (OS/ASFR/DOSB); Kalinowski, Paul (HHS/ASFR); O'Keefe, Erin (HHS\ASFR)  
**Subject:** FY 2019 Discretionary Budget OMBJ - General Department Mangement  
**Attachments:** Departmental Management FY-19 OMBJ\_9-1-17\_NC Cleared.docx

Counselors-

Attached please find the draft OMB Budget Justifications for the General Department Management Appropriation which includes IOS/CTO, ASA, ASFR, ASL, ASPA, ASPE, IEA and CFBNP, DAB, OASH, OGC, OGA, OMHA, and the Public Health Service Evaluation funds.

(b)(5)



Upon receiving your comments, we will address any comments and incorporate revisions into an updated version which is due to OMB on September 11. We would appreciate receiving your comments by Close of Business Wednesday, September 6.

Please let me know if you have any questions.

Thank you,  
Michelle

Michelle Grifka  
Chief, Division of the Office of the Secretary Budget  
Office of Budget (OS/ASFR/OB)  
U.S. Department of Health and Human Services  
200 Independence Ave. SW, 513H  
Washington, DC 20201  
Office: (202) 205-7239  
Mobile: (b)(6)

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**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Monday, August 28, 2017 3:45 PM  
**To:** Stannard, Paula (HHS/IOS); Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Pence, Laura (HHS/IOS)  
**Cc:** Skrzycki, Kristin (HHS/IOS); Cochran, Norris (HHS/ASFR); Cash, Lester (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Miller, Caitlyn (OS/ASFR); McMillen, Cheryl (HHS/ASFR); Street, Amanda (HHS/IOS)  
**Subject:** FY 2019 Discretionary Budget - Draft OMB Budget Justification Review

Counselors –

Thanks for all your time and policy guidance in the FY 2019 Discretionary Budget development process. ASFR'S deadline for draft OMB Budget Justification documents from OpDiv/StaffDivs, due to OMB on September 11<sup>th</sup>, was last Friday. Staff is currently reviewing those received for completeness and compliance with SBC and OMB guidance. A few will be delayed (FDA on 8/30) or received piecemeal (NIH ).

We will send draft Budget Justification documents to you for policy/counselor review on a rolling basis in the next few days. We will strive to provide at least 48 hours for your review, while recognizing that we are also nearing the OMB deadline and there is a holiday on Monday.

Please reach out with any questions, and thank you to the ASFR staff whose great work makes this all possible.

Best,  
Jen

Jen Moughalian  
US Department of Health and Human Services  
202-690-6061 (Office)  
(b)(6) (Cell)

*Deliberative and pre-decisional communication*

## Bell, Michael (OS/ASPA)

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**From:** Smith, Andrew (HHS/IOS)  
**Sent:** Wednesday, September 06, 2017 1:24 PM  
**To:** Curtis, Jillian (HHS/ASFR); Wynne, Maggie (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR); Miller, Caitlyn (OS/ASFR); Burbank, Nick (HHS/ASFR); Simms, Jeffrey (HHS/ASFR); Stevenson, Sarah-Lloyd (HHS/IOS)  
**Subject:** RE: For your review: ACF Draft FY 2019 OMB Justification  
**Attachments:** CFSP Chapter for review - 8-31 (2) AS.docx

Hi Jillian,

As you know,

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(b)(5)

Please let me know if you have any questions or if I can be helpful.

Thanks,

Andrew

**Andrew Smith**

Special Assistant for Human Services Policy  
Office of the Secretary  
U.S. Department of Health and Human Services  
(202) 578-7820  
[Andrew.smith@hhs.gov](mailto:Andrew.smith@hhs.gov)

---

**From:** Curtis, Jillian (HHS/ASFR)  
**Sent:** Thursday, August 31, 2017 4:12 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR); Miller, Caitlyn (OS/ASFR); Burbank, Nick (HHS/ASFR); Simms, Jeffrey (HHS/ASFR); Stevenson, Sarah-Lloyd (HHS/IOS); Smith, Andrew (HHS/IOS)  
**Subject:** For your review: ACF Draft FY 2019 OMB Justification

Good Afternoon Maggie –

(b)(5)



(b)(5)

We hope to complete review on a rolling basis to meet our deadline for submitting a justification to OMB. We ask that you return all of your comments and edits no later than 4pm on Tuesday, September 5<sup>th</sup>. We will send you batches of other materials as they are submitted.

To assist your review,

(b)(5)

(b)(5)

Please let us know if there is anything else we can provide to assist your review.

Thank you,  
Jillian

**Jillian E. Curtis**  
Office of the Secretary/ASFR/Budget Office  
U.S. Department of Health and Human Services  
(202) 690-8717



Please consider the environment before printing this e-mail.

## Bell, Michael (OS/ASPA)

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**From:** Stevenson, Sarah-Lloyd (HHS/IOS)  
**Sent:** Friday, September 01, 2017 6:39 PM  
**To:** Curtis, Jillian (HHS/ASFR)  
**Cc:** Moughalian, Jen (HHS/ASFR); Wynne, Maggie (HHS/IOS); Cochran, Norris (HHS/ASFR); Smith, Andrew (HHS/IOS); Miller, Caitlyn (OS/ASFR); Burbank, Nick (HHS/ASFR); Powell, Natalie (OS/ASFR)  
**Subject:** RE: For your review: IHS Draft FY 2019 OMB Justification  
**Attachments:** SLS Edits Draft IHS Fy 2019 OMBJ.docx

Team ASFR—

Please see the attached draft IHS OMBJ with a few tracked edits.

Thanks, and y'all have a great Labor Day!

SL

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**From:** Curtis, Jillian (HHS/ASFR)  
**Sent:** Wednesday, August 30, 2017 6:31 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR); Stevenson, Sarah-Lloyd (HHS/IOS); Smith, Andrew (HHS/IOS); Miller, Caitlyn (OS/ASFR); Burbank, Nick (HHS/ASFR); Powell, Natalie (OS/ASFR)  
**Subject:** For your review: IHS Draft FY 2019 OMB Justification

Good evening Maggie –

Attached is IHS's draft FY 2019 justification for OMB. The submission meets HHS guidance and ASFR is currently reviewing the submission.

Please let us know if you have any comments or edits to the document. In order to meet our deadlines for submitting to OMB, we ask that you return your comments/edits by COB Friday, September 1<sup>st</sup>.

To help expedite your review, (b)(5)

(b)(5)

(b)(5)

(b)(5)



Please let us know if there is anything else we can provide to assist your review.

Thank you,  
Jillian

**Jillian E. Curtis**  
Office of the Secretary/ASFR/Budget Office  
U.S. Department of Health and Human Services  
(202) 690-8717



Please consider the environment before printing this e-mail.

## Bell, Michael (OS/ASPA)

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**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Tuesday, October 03, 2017 9:11 PM  
**To:** Moughalian, Jen (HHS/ASFR)  
**Cc:** Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Miller, Caitlyn (OS/ASFR); Curtis, Jillian (HHS/ASFR); O'Keefe, Erin (HHS\ASFR); Palmer, Ashley (OS/ASFR)  
**Subject:** RE: Please respond by Tuesday COB: ACF Draft Responses to OMB

Jen,

(b)(5)

A large rectangular area of the email body is redacted with a dark gray background.

Here are some other comments:

(b)(5)

A large rectangular area of the email body is redacted with a dark gray background.

Thanks,  
Maggie

*Deliberative and pre-decisional communication*

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**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Monday, October 02, 2017 7:52 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Cc:** Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Miller, Caitlyn (OS/ASFR); Curtis, Jillian (HHS/ASFR); O'Keefe, Erin (HHS\ASFR); Palmer, Ashley (OS/ASFR)  
**Subject:** Please respond by Tuesday COB: ACF Draft Responses to OMB

Maggie – Below are draft ACF to OMB questions after reviewing the FY 2019 budget justification. Please let us know if you have any edits by COB on Tuesday. Thanks!

(b)(5)

A rectangular area at the bottom of the email body is redacted with a dark gray background.

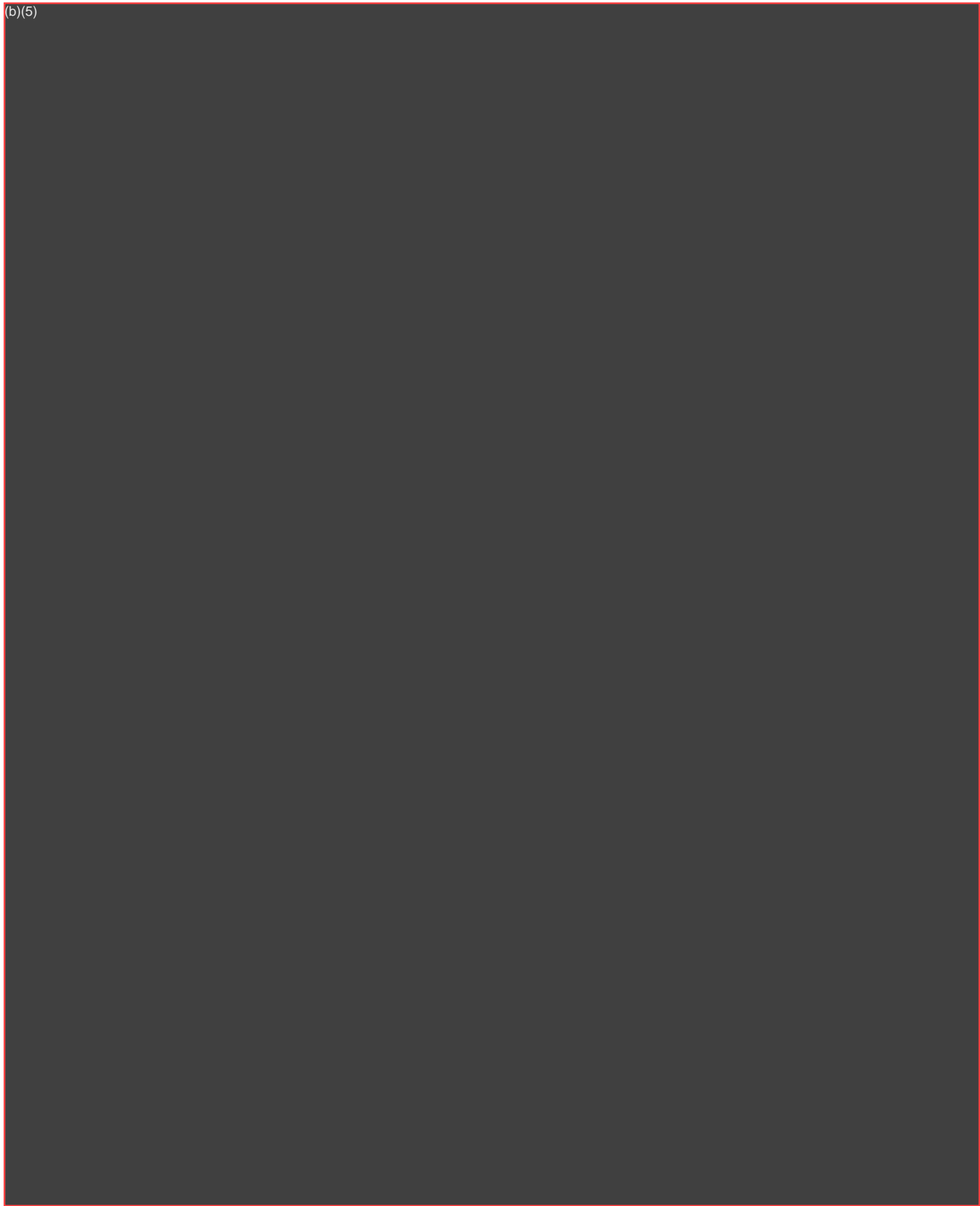




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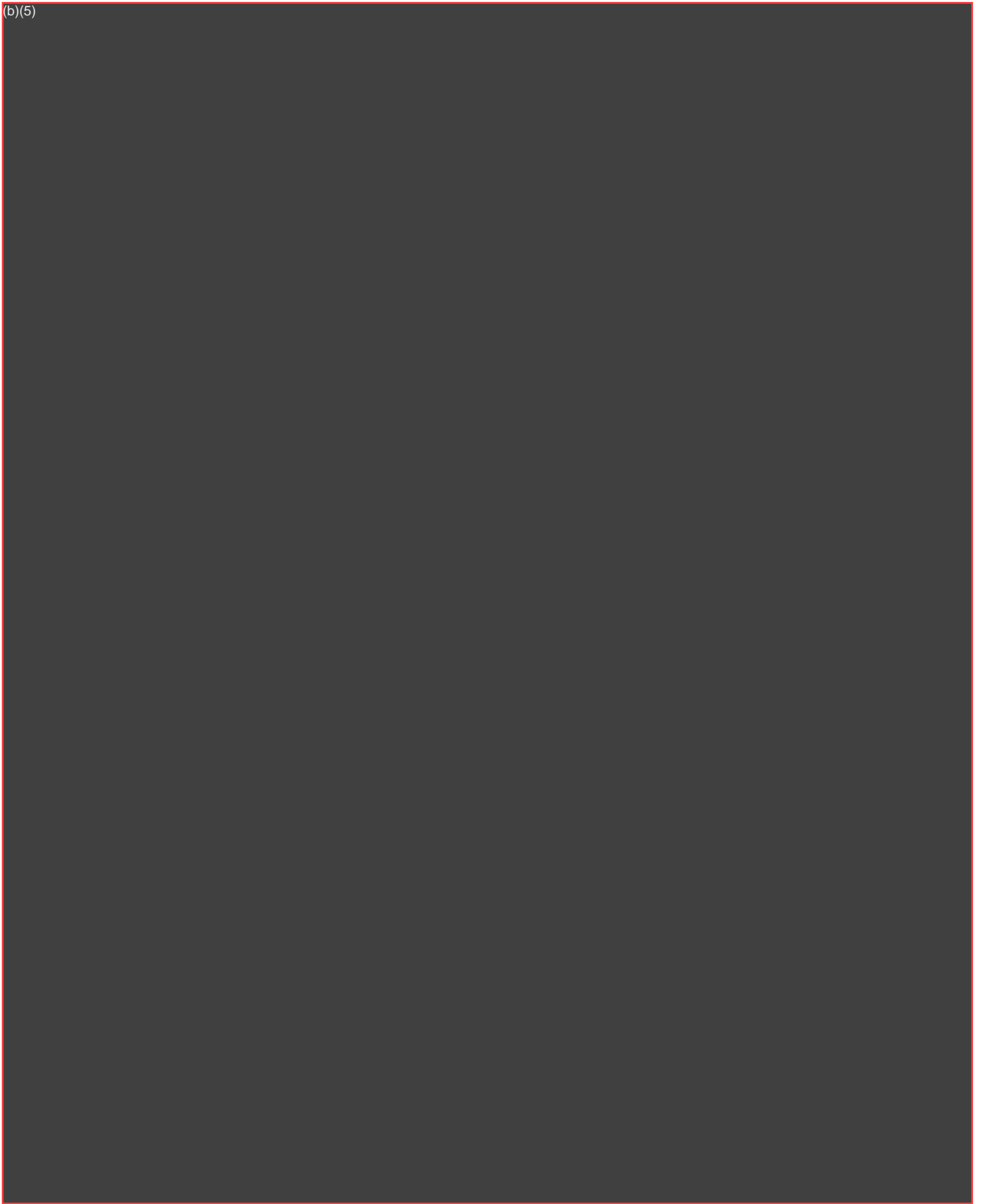






(b)(5)









## Bell, Michael (OS/ASPA)

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**From:** Kelley, Curtis (HHS/ASFR)  
**Sent:** Thursday, October 12, 2017 12:43 PM  
**To:** Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); O'Brien, John (HHS/ASPE); Lenihan, Keagan (HHS/IOS); Smith, Andrew (HHS/IOS); Nelson, Beth (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR); McMillen, Cheryl (HHS/ASFR); Elder, Mark (HHS/ASFR); Coughlin, Janis (HHS/ASFR); O'Keefe, Erin (HHS \ASFR)  
**Subject:** TIME SENSITIVE: Secretary's Mandatory Budget Materials  
**Attachments:** Cover Memo to Acting Secretary.docx; Final Sent to OMB ACF and CMS Mandatory Legislative Proposals.pdf; DHHS FY 2019 Mandatory Submission Part 2.pdf; Eric Hargan Briefing on FY 2019 Mandatory Budget.pdf  
  
**Importance:** High

Colleagues:

Per Jen's request, please provide a quick review of the attached materials for the Secretary's briefing tomorrow morning on the FY 2019 HHS mandatory Budget submission to OMB.

**Given the Secretary's briefing book deadline, please provide any edits by 3:00 PM today.**

PLEASE NOTE: The slide formatting is being update to reflect the HHS template.

Attached please find:

1. Cover memo
2. September HHS submissions to OMB
3. Briefing slide deck.

Curtis Kelley  
Branch Chief  
Health and Family Support  
Office of Budget  
Office of the Assistant Secretary for Financial Resources  
Department of Health and Human Services  
202-690-8730

**Bell, Michael (OS/ASPA)**

---

**From:** Palmer, Ashley (OS/ASFR)  
**Sent:** Wednesday, October 18, 2017 10:49 AM  
**To:** Wynne, Maggie (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR)  
**Subject:** RE: CLEARANCE: Budget and Appropriations Update Memo for Secretary  
**Attachments:** FINAL Memo to EH\_FY 18 Budget Approps Update \_ 10.17.17jcm (2).docx

Maggie and Mary-Sumpter –

(b)(5)

(b)(5)

Please let us know if you have any questions or concerns regarding this addition to the memo, we will submit it today to the Secretary's briefing book. Thank you!

(b)(5)

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**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Tuesday, October 17, 2017 9:30 AM  
**To:** Palmer, Ashley (OS/ASFR)  
**Subject:** RE: CLEARANCE: Budget and Appropriations Update Memo for Secretary

Hi - (b)(5)

(b)(5)

Jen Moughalian  
US Department of Health and Human Services  
202-690-6061 (Office)  
(b)(6) (Cell)

*Deliberative and pre-decisional communication*

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**From:** Palmer, Ashley (OS/ASFR)  
**Sent:** Monday, October 16, 2017 9:11 PM  
**To:** Stannard, Paula (HHS/IOS); Street, Amanda (HHS/IOS); Graham, John (HHS/ASPE); Arbes, Sarah (HHS/ASL); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Bardis, John (HHS/ASA); Brady, Will (HHS/IOS); Caliguiri, Laura (HHS/IOS); Keckler, Charles (HHS/IOS); Skrzycki, Kristin (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR)  
**Subject:** RE: CLEARANCE: Budget and Appropriations Update Memo for Secretary

Thank you both for your edits. (b)(5)

(b)(5)

Thank you all for taking the time to review the memo! - AP

(b)(5)

**From:** Stannard, Paula (HHS/IOS)  
**Sent:** Monday, October 16, 2017 8:04 PM  
**To:** Street, Amanda (HHS/IOS); Palmer, Ashley (OS/ASFR); Graham, John (HHS/ASPE); Arbes, Sarah (HHS/ASL); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Bardis, John (HHS/ASA); Brady, Will (HHS/IOS); Caliguiri, Laura (HHS/IOS); Keckler, Charles (HHS/IOS); Skrzycki, Kristin (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR)  
**Subject:** RE: CLEARANCE: Budget and Appropriations Update Memo for Secretary

I've made a few revisions on top of Amanda's.

Paula

---

**From:** Street, Amanda (HHS/IOS)  
**Sent:** Monday, October 16, 2017 5:53 PM  
**To:** Palmer, Ashley (OS/ASFR); Graham, John (HHS/ASPE); Arbes, Sarah (HHS/ASL); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Stannard, Paula (HHS/IOS); Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Bardis, John (HHS/ASA); Brady, Will (HHS/IOS); Caliguiri, Laura (HHS/IOS); Keckler, Charles (HHS/IOS); Skrzycki, Kristin (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR)  
**Subject:** RE: CLEARANCE: Budget and Appropriations Update Memo for Secretary

Hey Ashley,

I caught just a few edits in the attached.

Thank you so much!

Amanda

---

**From:** Palmer, Ashley (OS/ASFR)

**Sent:** Saturday, October 14, 2017 5:50 PM

**To:** Graham, John (HHS/ASPE); Arbes, Sarah (HHS/ASL); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Stannard, Paula (HHS/IOS); Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Bardis, John (HHS/ASA); Brady, Will (HHS/IOS); Caliguiri, Laura (HHS/IOS); Keckler, Charles (HHS/IOS); Skrzycki, Kristin (HHS/IOS)

**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR)

**Subject:** RE: CLEARANCE: Budget and Appropriations Update Memo for Secretary

Thanks, John. The only real deadline is the end of the fiscal year, although that wouldn't give Congress enough time to actually pursue reconciliation given it can be a lengthy process and the Senate Parliamentarian recently ruled that reconciliation instructions expire with the end of that respective fiscal year. As a point of reference, Congress passed the FY17 conference budget agreement in January 2017.

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**From:** Graham, John (HHS/ASPE)

**Sent:** Saturday, October 14, 2017 1:23 PM

**To:** Palmer, Ashley (OS/ASFR); Arbes, Sarah (HHS/ASL); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Stannard, Paula (HHS/IOS); Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Bardis, John (HHS/ASA); Brady, Will (HHS/IOS); Caliguiri, Laura (HHS/IOS); Keckler, Charles (HHS/IOS); Skrzycki, Kristin (HHS/IOS)

**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR)

**Subject:** RE: CLEARANCE: Budget and Appropriations Update Memo for Secretary

Thank you. An excellent summary. No comments but one question from a budget neophyte: Table 1 refers to "Reconciliation Instructions (Note: the reconciliation process is only triggered by a Conference Budget agreement)." Is there a deadline to reach conference budget agreement to get reconciliation instructions (especially as we are already in FY2018)?

---

**From:** Palmer, Ashley (OS/ASFR)

**Sent:** Friday, October 13, 2017 12:49 PM

**To:** Arbes, Sarah (HHS/ASL); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Stannard, Paula (HHS/IOS); Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Bardis, John (HHS/ASA); Graham, John (HHS/ASPE); Brady, Will (HHS/IOS); Caliguiri, Laura (HHS/IOS); Keckler, Charles (HHS/IOS); Skrzycki, Kristin (HHS/IOS)

**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR)

**Subject:** CLEARANCE: Budget and Appropriations Update Memo for Secretary

Good afternoon – For your review, attached is a draft informational memo for Acting Secretary Hargan providing an overview of the Fiscal Year 2018 congressional budget and appropriations process, as well as a detailed summary of the FY18 Senate Labor-HHS appropriation bill.

In anticipation of a possible briefing with the Acting Secretary in the next week or so, **please provide any comments or questions you may have by COB Monday, October 16.**

Thanks in advance,



-Ashley

202-690-6883 (direct)

(b)(6)

(cell)

## Bell, Michael (OS/ASPA)

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**From:** Palmer, Ashley (OS/ASFR)  
**Sent:** Monday, October 16, 2017 9:11 PM  
**To:** Stannard, Paula (HHS/IOS); Street, Amanda (HHS/IOS); Graham, John (HHS/ASPE); Arbes, Sarah (HHS/ASL); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Bardis, John (HHS/ASA); Brady, Will (HHS/IOS); Caliguiri, Laura (HHS/IOS); Keckler, Charles (HHS/IOS); Skrzycki, Kristin (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR)  
**Subject:** RE: CLEARANCE: Budget and Appropriations Update Memo for Secretary  
**Attachments:** FINAL Memo to EH\_FY 18 Budget Approps Update \_ 10.17.17.docx

Thank you both for your edits. (b)(5)

(b)(5)

Thank you all for taking the time to review the memo! - AP

(b)(5)

**From:** Stannard, Paula (HHS/IOS)  
**Sent:** Monday, October 16, 2017 8:04 PM  
**To:** Street, Amanda (HHS/IOS); Palmer, Ashley (OS/ASFR); Graham, John (HHS/ASPE); Arbes, Sarah (HHS/ASL); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Bardis, John (HHS/ASA); Brady, Will (HHS/IOS); Caliguiri, Laura (HHS/IOS); Keckler, Charles (HHS/IOS); Skrzycki, Kristin (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR)  
**Subject:** RE: CLEARANCE: Budget and Appropriations Update Memo for Secretary

I've made a few revisions on top of Amanda's.

Paula

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**From:** Street, Amanda (HHS/IOS)  
**Sent:** Monday, October 16, 2017 5:53 PM  
**To:** Palmer, Ashley (OS/ASFR); Graham, John (HHS/ASPE); Arbes, Sarah (HHS/ASL); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Stannard, Paula (HHS/IOS); Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Bardis, John (HHS/ASA); Brady, Will (HHS/IOS); Caliguiri, Laura (HHS/IOS); Keckler, Charles (HHS/IOS); Skrzycki, Kristin (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR)  
**Subject:** RE: CLEARANCE: Budget and Appropriations Update Memo for Secretary

Hey Ashley,

I caught just a few edits in the attached.

Thank you so much!  
Amanda

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**From:** Palmer, Ashley (OS/ASFR)  
**Sent:** Saturday, October 14, 2017 5:50 PM  
**To:** Graham, John (HHS/ASPE); Arbes, Sarah (HHS/ASL); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Stannard, Paula (HHS/IOS); Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Bardis, John (HHS/ASA); Brady, Will (HHS/IOS); Caliguiri, Laura (HHS/IOS); Keckler, Charles (HHS/IOS); Skrzycki, Kristin (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR)  
**Subject:** RE: CLEARANCE: Budget and Appropriations Update Memo for Secretary

Thanks, John. The only real deadline is the end of the fiscal year, although that wouldn't give Congress enough time to actually pursue reconciliation given it can be a lengthy process and the Senate Parliamentarian recently ruled that reconciliation instructions expire with the end of that respective fiscal year. As a point of reference, Congress passed the FY17 conference budget agreement in January 2017.

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**From:** Graham, John (HHS/ASPE)  
**Sent:** Saturday, October 14, 2017 1:23 PM  
**To:** Palmer, Ashley (OS/ASFR); Arbes, Sarah (HHS/ASL); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Stannard, Paula (HHS/IOS); Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Bardis, John (HHS/ASA); Brady, Will (HHS/IOS); Caliguiri, Laura (HHS/IOS); Keckler, Charles (HHS/IOS); Skrzycki, Kristin (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR)  
**Subject:** RE: CLEARANCE: Budget and Appropriations Update Memo for Secretary

Thank you. An excellent summary. No comments but one question from a budget neophyte: Table 1 refers to "Reconciliation Instructions (Note: the reconciliation process is only triggered by a Conference Budget agreement)." Is there a deadline to reach conference budget agreement to get reconciliation instructions (especially as we are already in FY2018)?

---

**From:** Palmer, Ashley (OS/ASFR)  
**Sent:** Friday, October 13, 2017 12:49 PM  
**To:** Arbes, Sarah (HHS/ASL); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Stannard, Paula (HHS/IOS); Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Bardis, John (HHS/ASA); Graham, John (HHS/ASPE); Brady, Will (HHS/IOS); Caliguiri, Laura (HHS/IOS); Keckler, Charles (HHS/IOS); Skrzycki, Kristin (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR)  
**Subject:** CLEARANCE: Budget and Appropriations Update Memo for Secretary

Good afternoon – For your review, attached is a draft informational memo for Acting Secretary Hargan providing an overview of the Fiscal Year 2018 congressional budget and appropriations process, as well as a detailed summary of the FY18 Senate Labor-HHS appropriation bill.

In anticipation of a possible briefing with the Acting Secretary in the next week or so, **please provide any comments or questions you may have by COB Monday, October 16.**

Thanks in advance,

-Ashley

202-690-6883 (direct)

(b)(6) (cell)



## Bell, Michael (OS/ASPA)

---

**From:** Palmer, Ashley (OS/ASFR)  
**Sent:** Friday, October 13, 2017 12:49 PM  
**To:** Arbes, Sarah (HHS/ASL); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Stannard, Paula (HHS/IOS); Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Bardis, John (HHS/ASA); Graham, John (HHS/ASPE); Brady, Will (HHS/IOS); Caliguiri, Laura (HHS/IOS); Keckler, Charles (HHS/IOS); Skrzycki, Kristin (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR)  
**Subject:** CLEARANCE: Budget and Appropriations Update Memo for Secretary  
**Attachments:** DRAFT memo to EH\_FY 18 Budget & Approps Update \_ 10.13.17.docx

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In anticipation of a possible briefing with the Acting Secretary in the next week or so, **please provide any comments or questions you may have by COB Monday, October 16.**

Thanks in advance,

-Ashley

202-690-6883 (direct)

(b)(6)

(cell)

## Bell, Michael (OS/ASPA)

---

**From:** Donley, Katherine (HHS/ASFR)  
**Sent:** Tuesday, October 10, 2017 2:55 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** FW: Clearance: ORR match grant inquiry  
**Attachments:** Final MG FY2018 Guidelines (DPP).pdf; GENERAL TERMS AND CONDITIONS - Oct 2016 (2).docx; Refugee Voluntary Agency Matching Grant Supplemental Terms (2).docx

Maggie,

(b)(5)

Thanks!  
Katie

Katie Donley

202.690.6704 (office)

(b)(6)

(cell)

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**From:** Donley, Katherine (HHS/ASFR)  
**Sent:** Tuesday, October 03, 2017 2:10 PM  
**To:** Moughalian, Jen (HHS/ASFR) ([Jen.Moughalian@hhs.gov](mailto:Jen.Moughalian@hhs.gov)); Wynne, Maggie (HHS/IOS)  
**Cc:** Palmer, Ashley (OS/ASFR); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR) ([Janis.Coughlin@hhs.gov](mailto:Janis.Coughlin@hhs.gov)); Pollock, Rachel (HHS/ASFR) ([Rachel.Pollock@hhs.gov](mailto:Rachel.Pollock@hhs.gov)); Curtis, Jillian (HHS/ASFR) ([Jillian.Curtis@hhs.gov](mailto:Jillian.Curtis@hhs.gov)); Burbank, Nick (HHS/ASFR) ([Nick.Burbank@HHS.GOV](mailto:Nick.Burbank@HHS.GOV))  
**Subject:** Clearance: ORR match grant inquiry

Jen and Maggie,

Senate minority is concerned about the transition of the ORR match grant awards from a competitive to a formula grant. They are asking whether ORR's voluntary agencies were made aware of the match grant change, and whether they received relevant guidance on the transition. Below is a draft response, for your review.

### Draft response

(b)(5)

Please let me know if you have any questions or concerns about this going to the Hill.

Thanks,  
Katie

Katie Donley  
Congressional Liaison Specialist  
Assistant Secretary for Financial Resources  
Department of Health and Human Services  
202.690.6704 (office)  
(b)(6) (cell)

## Bell, Michael (OS/ASPA)

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**From:** Donley, Katherine (HHS/ASFR)  
**Sent:** Tuesday, October 03, 2017 2:11 PM  
**To:** Moughalian, Jen (HHS/ASFR); Wynne, Maggie (HHS/IOS)  
**Cc:** Palmer, Ashley (OS/ASFR); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Burbank, Nick (HHS/ASFR)  
**Subject:** Clearance: ORR match grant inquiry  
**Attachments:** Final MG FY2018 Guidelines (DPP).pdf; GENERAL TERMS AND CONDITIONS - Oct 2016 (2).docx; Refugee Voluntary Agency Matching Grant Supplemental Terms (2).docx

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Katie

Katie Donley  
Congressional Liaison Specialist  
Assistant Secretary for Financial Resources  
Department of Health and Human Services  
202.690.6704 (office)

(b)(6)

(cell)



## Bell, Michael (OS/ASPA)

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**Sent:** Friday, September 29, 2017 9:22 AM  
**To:** Moughalian, Jen (HHS/ASFR); Stannard, Paula (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Lawrence, Courtney (HHS/ASL); Kemper, Laura (HHS/ASL); Arbes, Sarah (HHS/ASL)  
**Cc:** Meekins, Chris (OS/ASPR/IO)  
**Subject:** RE: Approps Briefing on Puerto Rico 9/28 @ 4pm

Michelle Wilson and Alison Kelly, primarily. Not sure how involved Sherri Berger was on the front end.

---

**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Friday, September 29, 2017 9:16 AM  
**To:** Palmer, Ashley (OS/ASFR); Stannard, Paula (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Lawrence, Courtney (HHS/ASL); Kemper, Laura (HHS/ASL); Arbes, Sarah (HHS/ASL)  
**Cc:** Meekins, Chris (OS/ASPR/IO)  
**Subject:** Re: Approps Briefing on Puerto Rico 9/28 @ 4pm

Was that Sherri Berger?

Confidential and pre-decisional communication

On: 29 September 2017 09:12, "Palmer, Ashley (OS/ASFR)" <[Ashley.Palmer@hhs.gov](mailto:Ashley.Palmer@hhs.gov)> wrote:

(b)(5)

**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Friday, September 29, 2017 7:39 AM  
**To:** Stannard, Paula (HHS/IOS); Palmer, Ashley (OS/ASFR); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Lawrence, Courtney (HHS/ASL); Kemper, Laura (HHS/ASL); Arbes, Sarah (HHS/ASL)  
**Cc:** Meekins, Chris (OS/ASPR/IO)  
**Subject:** Re: Approps Briefing on Puerto Rico 9/28 @ 4pm

Thanks for the update Paula. Ashley and I will discuss with CDC.

(b)(5)

Confidential and pre-decisional communication

On: 29 September 2017 07:08, "Stannard, Paula (HHS/IOS)" <[Paula.Stannard@hhs.gov](mailto:Paula.Stannard@hhs.gov)> wrote:

(b)(5)

On: 28 September 2017 15:15, "Palmer, Ashley (OS/ASFR)" <[Ashley.Palmer@hhs.gov](mailto:Ashley.Palmer@hhs.gov)> wrote:

(b)(5)

**From:** Stannard, Paula (HHS/IOS)

**Sent:** Thursday, September 28, 2017 2:07 PM

**To:** Palmer, Ashley (OS/ASFR); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Lawrence, Courtney (HHS/ASL); Kemper, Laura (HHS/ASL); Arbes, Sarah (HHS/ASL)

**Cc:** Moughalian, Jen (HHS/ASFR); Meekins, Chris (OS/ASPR/IO)

**Subject:** RE: Approps Briefing on Puerto Rico 9/28 @ 4pm

Haven't had time to review completely

(b)(5)

(b)(5)

Paula

**From:** Palmer, Ashley (OS/ASFR)

**Sent:** Thursday, September 28, 2017 1:50 PM

**To:** Stannard, Paula (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Lawrence, Courtney (HHS/ASL); Kemper, Laura (HHS/ASL); Arbes, Sarah (HHS/ASL)

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As an FYI, ASFR is facilitating a briefing via telephone with ASPR, CDC, and HRSA this afternoon with Labor-HHS four corners on the HHS response to Hurricane Maria in Puerto Rico. Attached and below is an agenda and talking points from the participating OpDivs. Please let me know if you have any questions or concerns. Thank you. - Ashley

**Proposed Agenda and Talking Points:**

**4 corners Labor/HHS briefing on the HHS response to Hurricane Maria in Puerto Rico**

Briefing: 4:00pm, Thursday, September 28 via telephone

Call-in Information: 877-718-4507; Leader Code: (b)(6); Participant Code: (b)(6)

Participants from HHS

**ASFR:**

- *Lead briefer: Ashley Palmer, Deputy Assistant Secretary for Legislation, ASFR*
- *Participants:*
  - Rachel Pollock, Congressional Liaison Branch Chief, ASFR
  - Peggie Rice, Congressional Liaison Specialist, ASFR

**ASPR:**

- *Lead briefer: Chris Meekins, Acting Chief Operating Officer*
- *Participants:*
  - Alex Shabelski, Deputy Director for Formulation, Office of Financial Planning and Analysis, ASPR

CDC:

- *Lead briefer: Dr. Rene Funk, Incident Manager for CDC's 2017 Hurricane Response*
- Participants:
  - Sherri Berger, Chief Operating Officer, CDC
  - Alison Kelly, Office of Appropriations, CDC

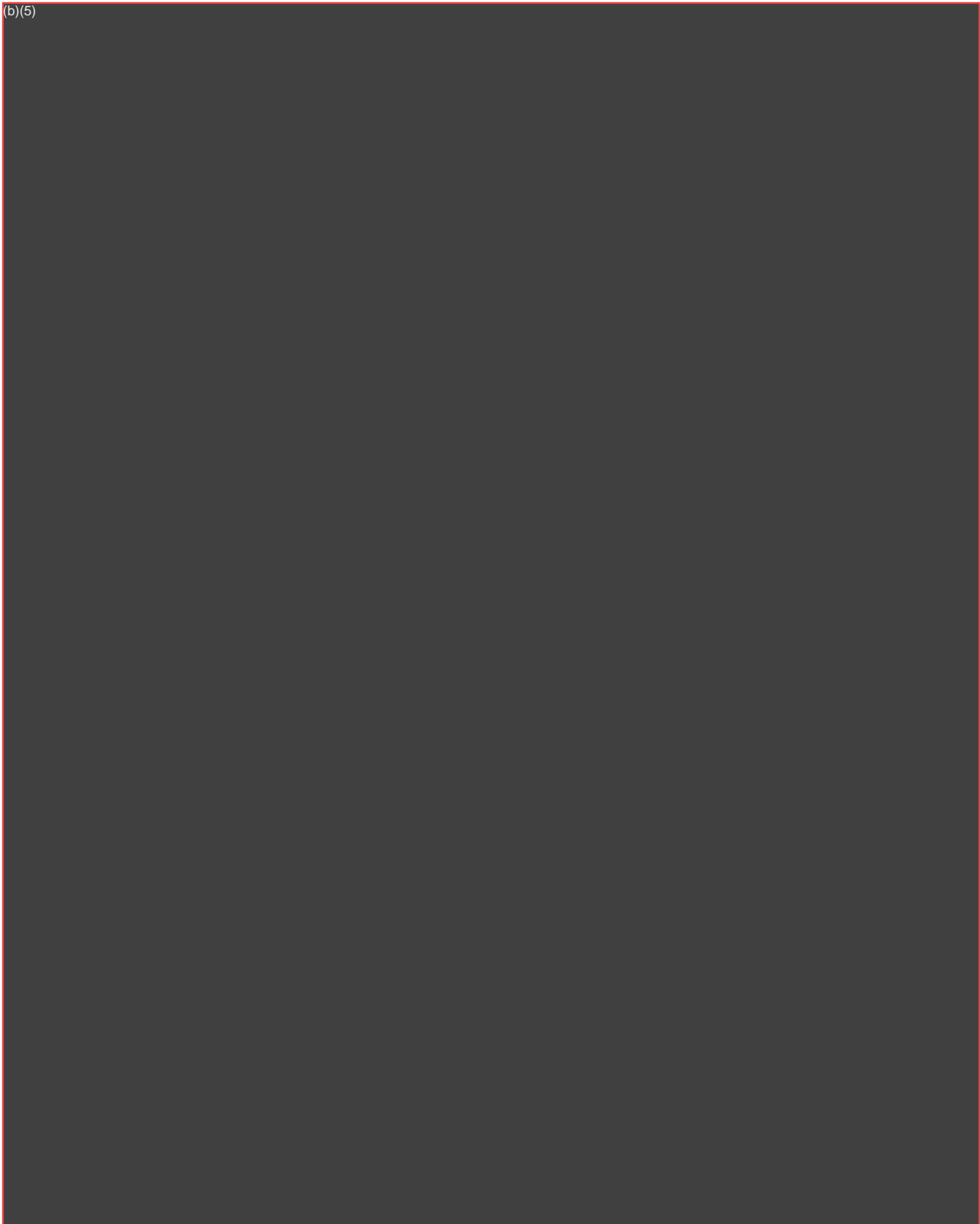
HRSA:

- *Lead briefer: Liz DeVoss, Director, Office of Budget, HRSA*
- Participants:
  - Tonya Bowers, Deputy Associate Administrator, Bureau of Primary Health Care, HRSA
  - Laura Cheever, Associate Administrator, HIV/AIDS Bureau, HRSA
  - Laura Kavanaugh, Deputy Associate Administrator, Maternal and Child Health Bureau, HRSA
  - Melissa Houston, Deputy Associate Administrator, Healthcare Systems Bureau, HRSA

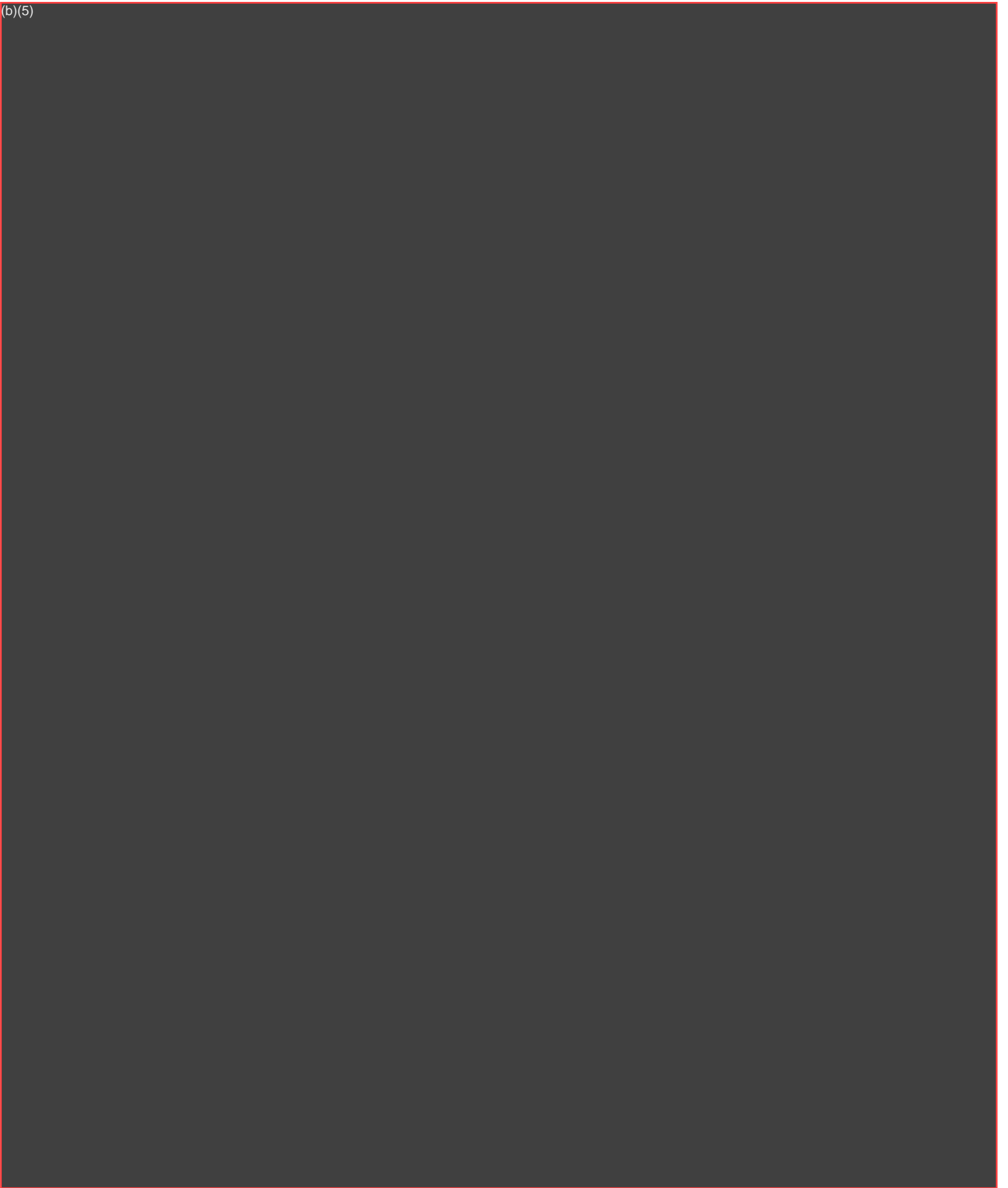
Agenda

(b)(5)









(b)(5)



## Bell, Michael (OS/ASPA)

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**Subject:** Re: Approps Briefing on Puerto Rico 9/28 @ 4pm

Was that Sherri Berger?

Confidential and pre-decisional communication

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**Cc:** Meekins, Chris (OS/ASPR/IO)  
**Subject:** Re: Approps Briefing on Puerto Rico 9/28 @ 4pm

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(b)(5)



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**Cc:** Moughalian, Jen (HHS/ASFR); Meekins, Chris (OS/ASPR/IO)

**Subject:** RE: Approps Briefing on Puerto Rico 9/28 @ 4pm

Haven't had time to review completely (b)(5)

(b)(5)

Paula

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ASPR:

- *Lead briefer: Chris Meekins, Acting Chief Operating Officer*
- Participants:
  - Alex Shabelski, Deputy Director for Formulation, Office of Financial Planning and Analysis, ASPR

CDC:

- *Lead briefer: Dr. Rene Funk, Incident Manager for CDC's 2017 Hurricane Response*
- Participants:
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  - Alison Kelly, Office of Appropriations, CDC

HRSA:

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- Participants:
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  - Laura Cheever, Associate Administrator, HIV/AIDS Bureau, HRSA



- Laura Kavanaugh, Deputy Associate Administrator, Maternal and Child Health Bureau, HRSA
- Melissa Houston, Deputy Associate Administrator, Healthcare Systems Bureau, HRSA

### Agenda

(b)(5)



(b)(5)





(b)(5)





## Bell, Michael (OS/ASPA)

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**Sent:** Friday, September 29, 2017 9:13 AM  
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**Subject:** RE: Approps Briefing on Puerto Rico 9/28 @ 4pm

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**Subject:** Re: Approps Briefing on Puerto Rico 9/28 @ 4pm

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Haven't had time to review completely (b)(5)

(b)(5)

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- *Participants:*
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- *Lead briefer: Dr. Rene Funk, Incident Manager for CDC's 2017 Hurricane Response*
- *Participants:*
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  - Alison Kelly, Office of Appropriations, CDC

**HRSA:**

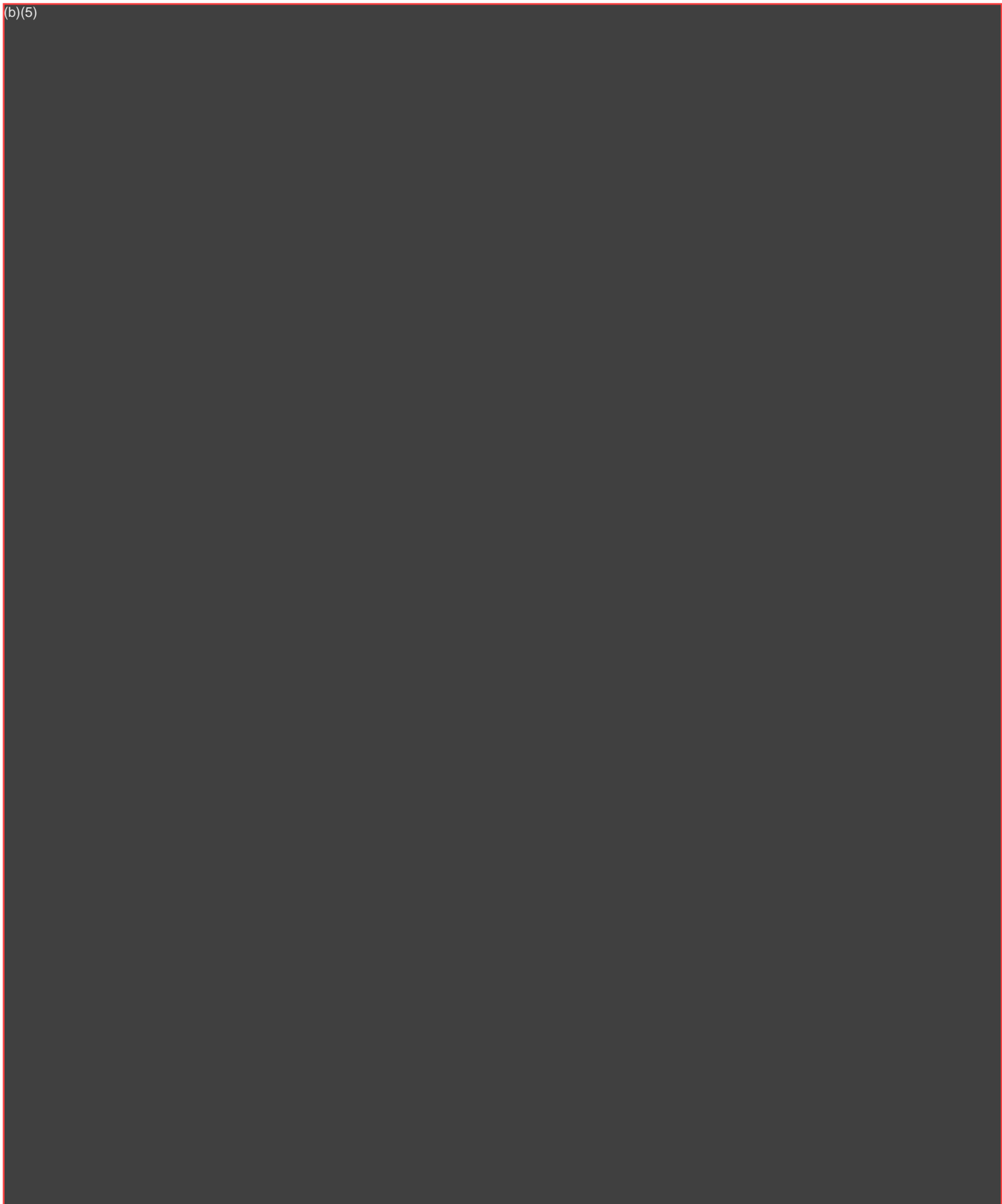
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  - Laura Kavanaugh, Deputy Associate Administrator, Maternal and Child Health Bureau, HRSA
  - Melissa Houston, Deputy Associate Administrator, Healthcare Systems Bureau, HRSA

**Agenda**

(b)(5)

(b)(5)







(b)(5)



## Bell, Michael (OS/ASPA)

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---

**From:** Stannard, Paula (HHS/IOS)  
**Sent:** Thursday, September 28, 2017 2:07 PM  
**To:** Palmer, Ashley (OS/ASFR); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Lawrence, Courtney (HHS/ASL); Kemper, Laura (HHS/ASL); Arbes, Sarah (HHS/ASL)  
**Cc:** Moughalian, Jen (HHS/ASFR); Meekins, Chris (OS/ASPR/IO)  
**Subject:** RE: Approps Briefing on Puerto Rico 9/28 @ 4pm

Haven't had time to review completely

(b)(5)

(b)(5)

Paula

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**From:** Palmer, Ashley (OS/ASFR)  
**Sent:** Thursday, September 28, 2017 1:50 PM  
**To:** Stannard, Paula (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Lawrence, Courtney (HHS/ASL); Kemper, Laura (HHS/ASL); Arbes, Sarah (HHS/ASL)  
**Cc:** Moughalian, Jen (HHS/ASFR); Meekins, Chris (OS/ASPR/IO)  
**Subject:** FYI: Approps Briefing on Puerto Rico 9/28 @ 4pm

As an FYI, ASFR is facilitating a briefing via telephone with ASPR, CDC, and HRSA this afternoon with Labor-HHS four corners on the HHS response to Hurricane Maria in Puerto Rico. Attached and below is an agenda and talking points from the participating OpDivs. Please let me know if you have any questions or concerns. Thank you. - Ashley

**Proposed Agenda and Talking Points:**

**4 corners Labor/HHS briefing on the HHS response to Hurricane Maria in Puerto Rico**

Briefing: 4:00pm, Thursday, September 28 via telephone

Call-in Information: 877-718-4507; Leader Code: (b)(6); Participant Code: (b)(6)

Participants from HHS

ASFR:

- *Lead briefer: Ashley Palmer, Deputy Assistant Secretary for Legislation, ASFR*
- *Participants:*
  - Rachel Pollock, Congressional Liaison Branch Chief, ASFR
  - Peggie Rice, Congressional Liaison Specialist, ASFR

ASPR:

- *Lead briefer: Chris Meekins, Acting Chief Operating Officer*
- *Participants:*
  - Alex Shabelski, Deputy Director for Formulation, Office of Financial Planning and Analysis, ASPR

CDC:

- *Lead briefer: Dr. Rene Funk, Incident Manager for CDC's 2017 Hurricane Response*
- *Participants:*
  - Sherri Berger, Chief Operating Officer, CDC
  - Alison Kelly, Office of Appropriations, CDC

HRSA:

- *Lead briefer: Liz DeVoss, Director, Office of Budget, HRSA*
- *Participants:*
  - Tonya Bowers, Deputy Associate Administrator, Bureau of Primary Health Care, HRSA
  - Laura Cheever, Associate Administrator, HIV/AIDS Bureau, HRSA
  - Laura Kavanaugh, Deputy Associate Administrator, Maternal and Child Health Bureau, HRSA
  - Melissa Houston, Deputy Associate Administrator, Healthcare Systems Bureau, HRSA

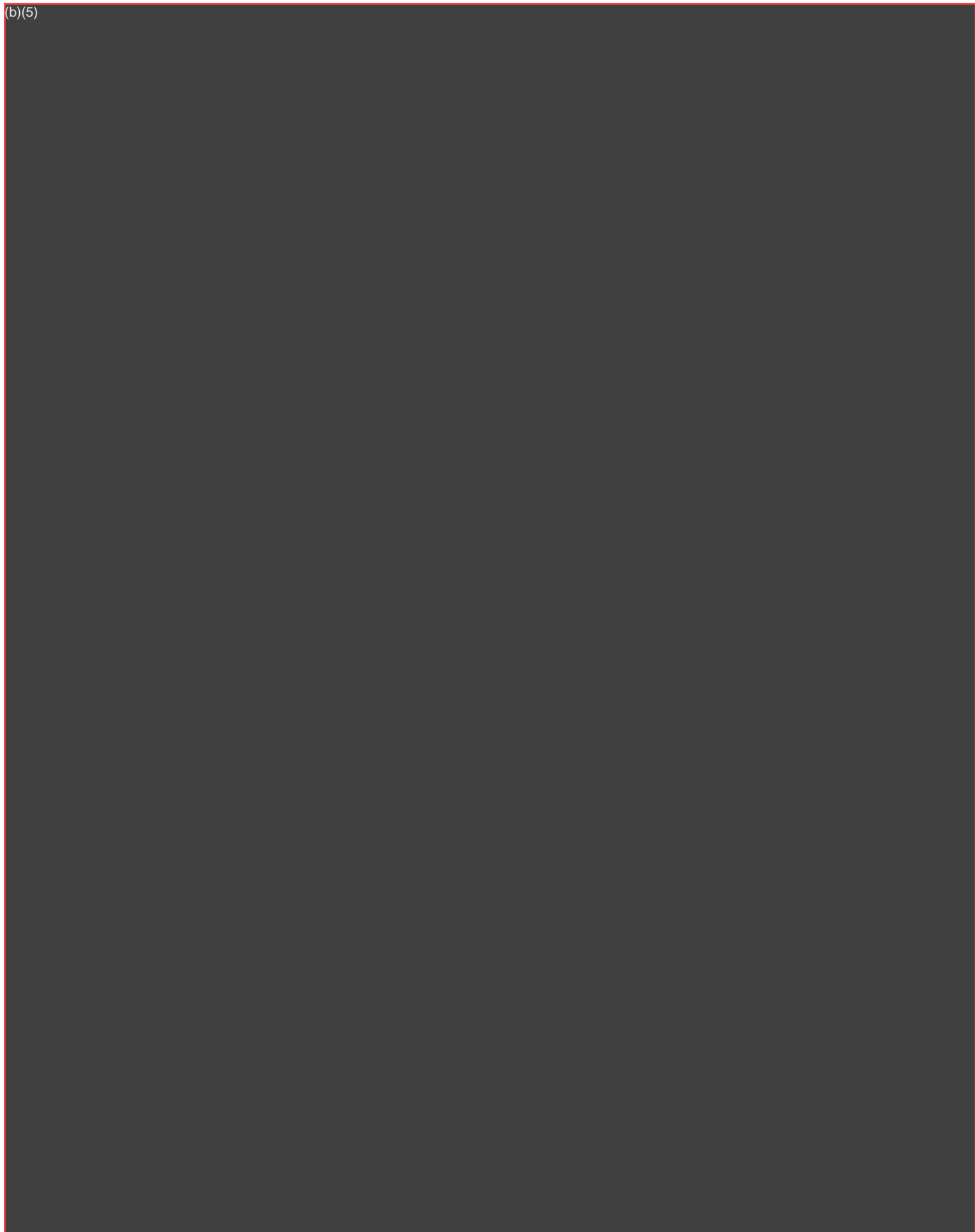
**Agenda**

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## Bell, Michael (OS/ASPA)

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**From:** Stannard, Paula (HHS/IOS)  
**Sent:** Friday, September 29, 2017 7:08 AM  
**To:** Palmer, Ashley (OS/ASFR); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Lawrence, Courtney (HHS/ASL); Kemper, Laura (HHS/ASL); Arbes, Sarah (HHS/ASL)  
**Cc:** Moughalian, Jen (HHS/ASFR); Meekins, Chris (OS/ASPR/IO)  
**Subject:** Re: Approps Briefing on Puerto Rico 9/28 @ 4pm

(b)(5)

On: 28 September 2017 15:15, "Palmer, Ashley (OS/ASFR)" <Ashley.Palmer@hhs.gov> wrote:

(b)(5)

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**From:** Stannard, Paula (HHS/IOS)  
**Sent:** Thursday, September 28, 2017 2:07 PM  
**To:** Palmer, Ashley (OS/ASFR); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Lawrence, Courtney (HHS/ASL); Kemper, Laura (HHS/ASL); Arbes, Sarah (HHS/ASL)  
**Cc:** Moughalian, Jen (HHS/ASFR); Meekins, Chris (OS/ASPR/IO)  
**Subject:** RE: Approps Briefing on Puerto Rico 9/28 @ 4pm

Haven't had time to review completely

(b)(5)

(b)(5)

Paula

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**From:** Palmer, Ashley (OS/ASFR)  
**Sent:** Thursday, September 28, 2017 1:50 PM  
**To:** Stannard, Paula (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Lawrence, Courtney (HHS/ASL); Kemper, Laura (HHS/ASL); Arbes, Sarah (HHS/ASL)  
**Cc:** Moughalian, Jen (HHS/ASFR); Meekins, Chris (OS/ASPR/IO)  
**Subject:** FYI: Approps Briefing on Puerto Rico 9/28 @ 4pm

As an FYI, ASFR is facilitating a briefing via telephone with ASPR, CDC, and HRSA this afternoon with Labor-HHS four corners on the HHS response to Hurricane Maria in Puerto Rico. Attached and below is an agenda and talking points from the participating OpDivs. Please let me know if you have any questions or concerns. Thank you. - Ashley

### **Proposed Agenda and Talking Points:**

#### **4 corners Labor/HHS briefing on the HHS response to Hurricane Maria in Puerto Rico**

Briefing: 4:00pm, Thursday, September 28 via telephone

Call-in Information: 877-718-4507; Leader Code: (b)(6) Participant Code: (b)(6)

Participants from HHS

ASFR:

AMERICAN  
OVERSIGHT

- *Lead briefer: Ashley Palmer, Deputy Assistant Secretary for Legislation, ASFR*
- Participants:
  - Rachel Pollock, Congressional Liaison Branch Chief, ASFR
  - Peggie Rice, Congressional Liaison Specialist, ASFR

ASPR:

- *Lead briefer: Chris Meekins, Acting Chief Operating Officer*
- Participants:
  - Alex Shabelski, Deputy Director for Formulation, Office of Financial Planning and Analysis, ASPR

CDC:

- *Lead briefer: Dr. Rene Funk, Incident Manager for CDC's 2017 Hurricane Response*
- Participants:
  - Sherri Berger, Chief Operating Officer, CDC
  - Alison Kelly, Office of Appropriations, CDC

HRSA:

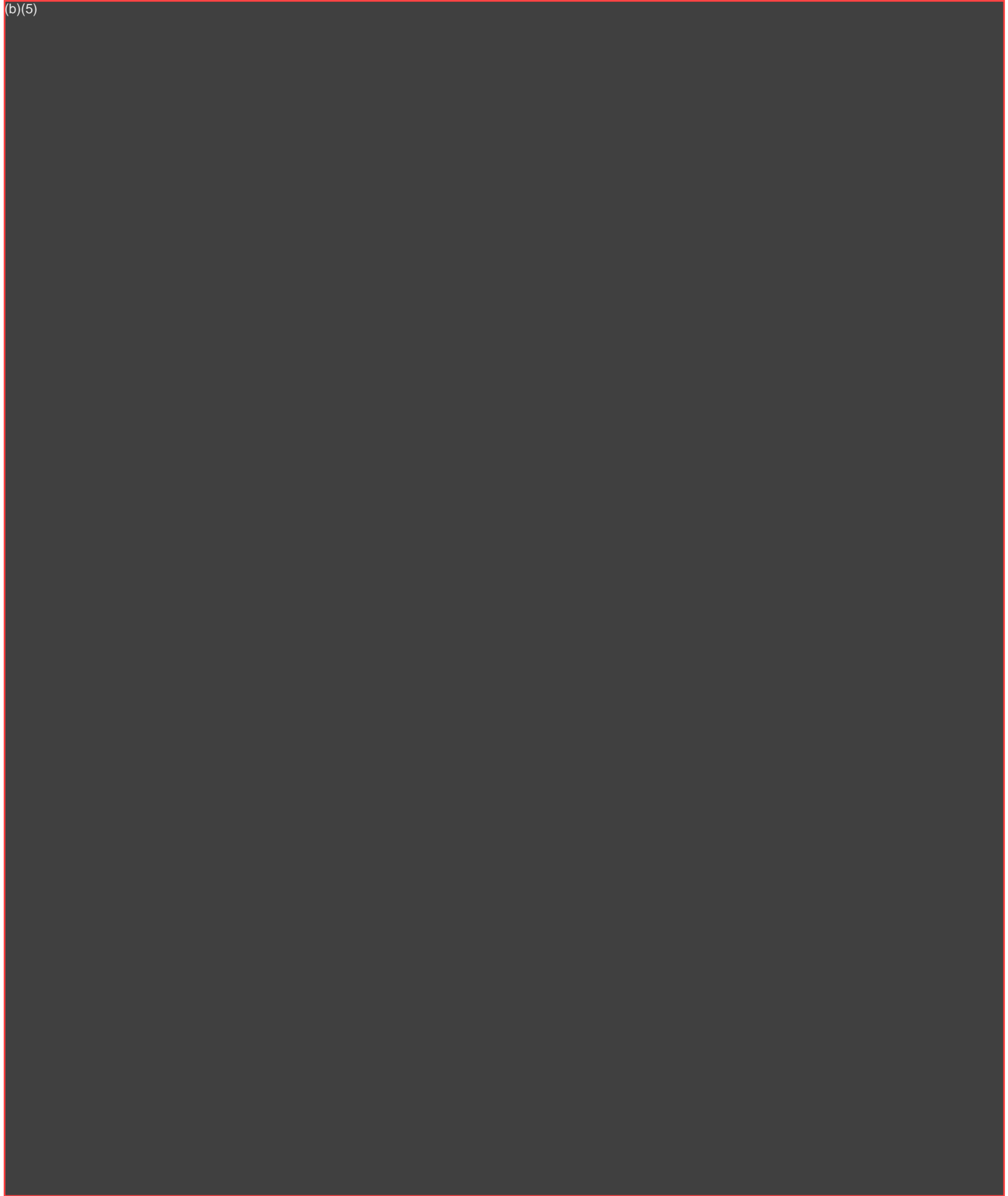
- *Lead briefer: Liz DeVoss, Director, Office of Budget, HRSA*
- Participants:
  - Tonya Bowers, Deputy Associate Administrator, Bureau of Primary Health Care, HRSA
  - Laura Cheever, Associate Administrator, HIV/AIDS Bureau, HRSA
  - Laura Kavanaugh, Deputy Associate Administrator, Maternal and Child Health Bureau, HRSA
  - Melissa Houston, Deputy Associate Administrator, Healthcare Systems Bureau, HRSA

Agenda

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## Bell, Michael (OS/ASPA)

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**From:** Palmer, Ashley (OS/ASFR)  
**Sent:** Thursday, September 28, 2017 1:56 PM  
**To:** Arbes, Sarah (HHS/ASL); Stannard, Paula (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Lawrence, Courtney (HHS/ASL); Kemper, Laura (HHS/ASL)  
**Cc:** Moughalian, Jen (HHS/ASFR); Meekins, Chris (OS/ASPR/IO)  
**Subject:** RE: Approps Briefing on Puerto Rico 9/28 @ 4pm

(b)(5)

Thanks, Sarah.

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**From:** Arbes, Sarah (HHS/ASL)  
**Sent:** Thursday, September 28, 2017 1:55 PM  
**To:** Palmer, Ashley (OS/ASFR); Stannard, Paula (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Lawrence, Courtney (HHS/ASL); Kemper, Laura (HHS/ASL)  
**Cc:** Moughalian, Jen (HHS/ASFR); Meekins, Chris (OS/ASPR/IO)  
**Subject:** RE: Approps Briefing on Puerto Rico 9/28 @ 4pm

(b)(5)

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**From:** Palmer, Ashley (OS/ASFR)  
**Sent:** Thursday, September 28, 2017 1:50 PM  
**To:** Stannard, Paula (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Lawrence, Courtney (HHS/ASL); Kemper, Laura (HHS/ASL); Arbes, Sarah (HHS/ASL)  
**Cc:** Moughalian, Jen (HHS/ASFR); Meekins, Chris (OS/ASPR/IO)  
**Subject:** FYI: Approps Briefing on Puerto Rico 9/28 @ 4pm

As an FYI, ASFR is facilitating a briefing via telephone with ASPR, CDC, and HRSA this afternoon with Labor-HHS four corners on the HHS response to Hurricane Maria in Puerto Rico. Attached and below is an agenda and talking points from the participating OpDivs. Please let me know if you have any questions or concerns. Thank you. - Ashley

### **Proposed Agenda and Talking Points:**

#### **4 corners Labor/HHS briefing on the HHS response to Hurricane Maria in Puerto Rico**

Briefing: 4:00pm, Thursday, September 28 via telephone

Call-in Information: 877-718-4507; Leader Code: (b)(6); Participant Code: (b)(6)

Participants from HHS

#### ASFR:

- *Lead briefer: Ashley Palmer, Deputy Assistant Secretary for Legislation, ASFR*
- Participants:
  - Rachel Pollock, Congressional Liaison Branch Chief, ASFR
  - Peggie Rice, Congressional Liaison Specialist, ASFR

#### ASPR:

- *Lead briefer: Chris Meekins, Acting Chief Operating Officer*
- Participants:
  - Alex Shabelski, Deputy Director for Formulation, Office of Financial Planning and Analysis, ASPR



CDC:

- *Lead briefer: Dr. Rene Funk, Incident Manager for CDC's 2017 Hurricane Response*
- Participants:
  - Sherri Berger, Chief Operating Officer, CDC
  - Alison Kelly, Office of Appropriations, CDC

HRSA:

- *Lead briefer: Liz DeVoss, Director, Office of Budget, HRSA*
- Participants:
  - Tonya Bowers, Deputy Associate Administrator, Bureau of Primary Health Care, HRSA
  - Laura Cheever, Associate Administrator, HIV/AIDS Bureau, HRSA
  - Laura Kavanaugh, Deputy Associate Administrator, Maternal and Child Health Bureau, HRSA
  - Melissa Houston, Deputy Associate Administrator, Healthcare Systems Bureau, HRSA

Agenda

(b)(5)

(b)(5)



(b)(5)





## Bell, Michael (OS/ASPA)

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**From:** Arbes, Sarah (HHS/ASL)  
**Sent:** Thursday, September 28, 2017 1:55 PM  
**To:** Palmer, Ashley (OS/ASFR); Stannard, Paula (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Lawrence, Courtney (HHS/ASL); Kemper, Laura (HHS/ASL)  
**Cc:** Moughalian, Jen (HHS/ASFR); Meekins, Chris (OS/ASPR/IO)  
**Subject:** RE: Approps Briefing on Puerto Rico 9/28 @ 4pm

(b)(5)

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**From:** Palmer, Ashley (OS/ASFR)  
**Sent:** Thursday, September 28, 2017 1:50 PM  
**To:** Stannard, Paula (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Lawrence, Courtney (HHS/ASL); Kemper, Laura (HHS/ASL); Arbes, Sarah (HHS/ASL)  
**Cc:** Moughalian, Jen (HHS/ASFR); Meekins, Chris (OS/ASPR/IO)  
**Subject:** FYI: Approps Briefing on Puerto Rico 9/28 @ 4pm

As an FYI, ASFR is facilitating a briefing via telephone with ASPR, CDC, and HRSA this afternoon with Labor-HHS four corners on the HHS response to Hurricane Maria in Puerto Rico. Attached and below is an agenda and talking points from the participating OpDivs. Please let me know if you have any questions or concerns. Thank you. - Ashley

### **Proposed Agenda and Talking Points:**

#### **4 corners Labor/HHS briefing on the HHS response to Hurricane Maria in Puerto Rico**

Briefing: 4:00pm, Thursday, September 28 via telephone

Call-in Information: 877-718-4507; Leader Code: (b)(6) Participant Code: (b)(6)

Participants from HHS

#### ASFR:

- *Lead briefer: Ashley Palmer, Deputy Assistant Secretary for Legislation, ASFR*
- Participants:
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  - Peggie Rice, Congressional Liaison Specialist, ASFR

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- *Lead briefer: Chris Meekins, Acting Chief Operating Officer*
- Participants:
  - Alex Shabelski, Deputy Director for Formulation, Office of Financial Planning and Analysis, ASPR

#### CDC:

- *Lead briefer: Dr. Rene Funk, Incident Manager for CDC's 2017 Hurricane Response*
- Participants:
  - Sherri Berger, Chief Operating Officer, CDC
  - Alison Kelly, Office of Appropriations, CDC

#### HRSA:

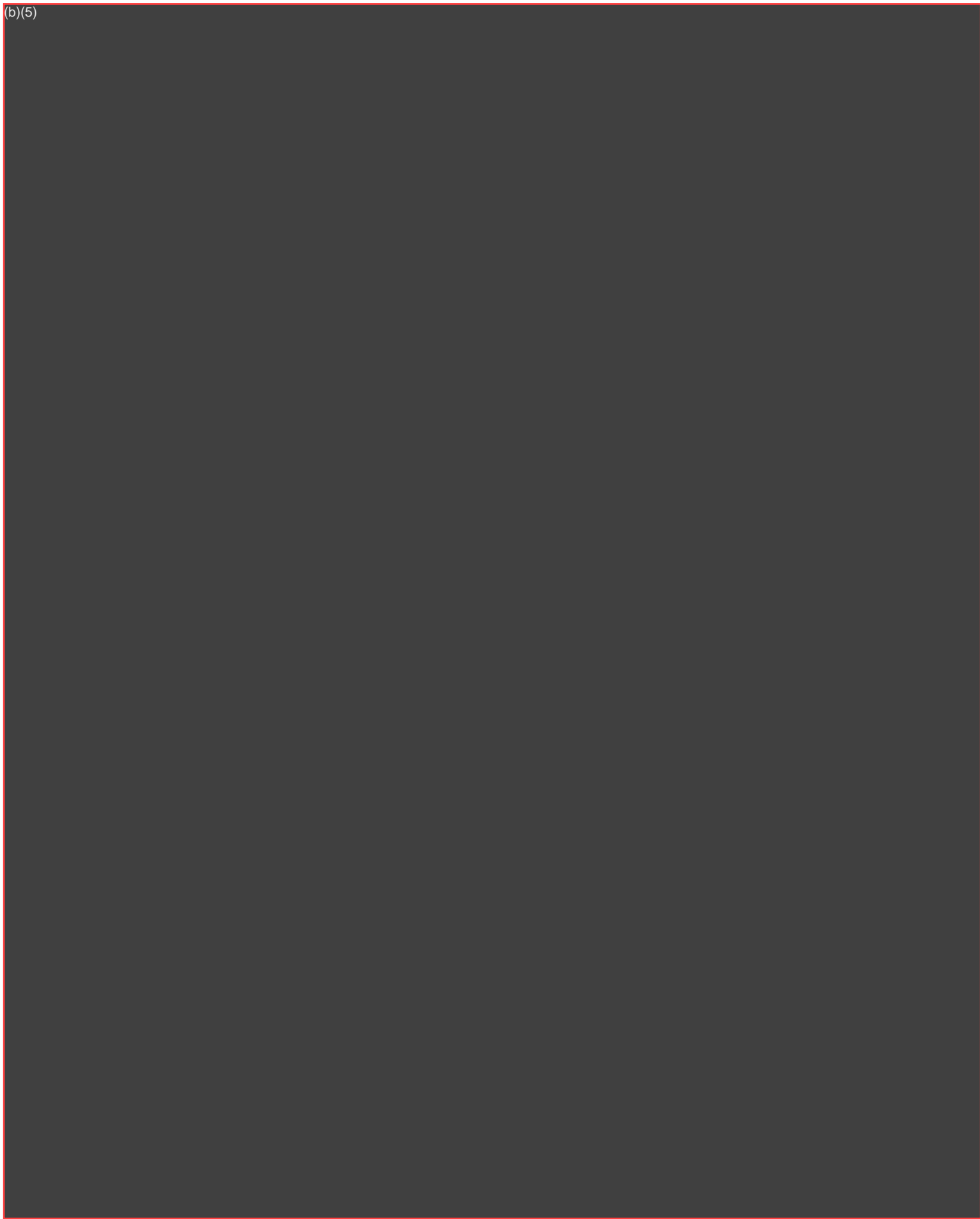
- *Lead briefer: Liz DeVoss, Director, Office of Budget, HRSA*
- Participants:

- Tonya Bowers, Deputy Associate Administrator, Bureau of Primary Health Care, HRSA
- Laura Cheever, Associate Administrator, HIV/AIDS Bureau, HRSA
- Laura Kavanaugh, Deputy Associate Administrator, Maternal and Child Health Bureau, HRSA
- Melissa Houston, Deputy Associate Administrator, Healthcare Systems Bureau, HRSA

### Agenda

(b)(5)









(b)(5)



## Bell, Michael (OS/ASPA)

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**From:** Palmer, Ashley (OS/ASFR)  
**Sent:** Thursday, September 28, 2017 1:50 PM  
**To:** Stannard, Paula (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Lawrence, Courtney (HHS/ASL); Kemper, Laura (HHS/ASL); Arbes, Sarah (HHS/ASL)  
**Cc:** Moughalian, Jen (HHS/ASFR); Meekins, Chris (OS/ASPR/IO)  
**Subject:** FYI: Approps Briefing on Puerto Rico 9/28 @ 4pm  
**Attachments:** PR Maria Response Proposed Agenda and Talking Points - Final.docx

As an FYI, ASFR is facilitating a briefing via telephone with ASPR, CDC, and HRSA this afternoon with Labor-HHS four corners on the HHS response to Hurricane Maria in Puerto Rico. Attached and below is an agenda and talking points from the participating OpDivs. Please let me know if you have any questions or concerns. Thank you. - Ashley

### **Proposed Agenda and Talking Points:**

#### **4 corners Labor/HHS briefing on the HHS response to Hurricane Maria in Puerto Rico**

Briefing: 4:00pm, Thursday, September 28 via telephone

Call-in Information: 877-718-4507; Leader Code: (b)(6) Participant Code: (b)(6)

Participants from HHS

#### ASFR:

- *Lead briefer: Ashley Palmer, Deputy Assistant Secretary for Legislation, ASFR*
- Participants:
  - Rachel Pollock, Congressional Liaison Branch Chief, ASFR
  - Peggie Rice, Congressional Liaison Specialist, ASFR

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- Participants:
  - Alex Shabelski, Deputy Director for Formulation, Office of Financial Planning and Analysis, ASPR

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- *Lead briefer: Dr. Rene Funk, Incident Manager for CDC's 2017 Hurricane Response*
- Participants:
  - Sherri Berger, Chief Operating Officer, CDC
  - Alison Kelly, Office of Appropriations, CDC

#### HRSA:

- *Lead briefer: Liz DeVoss, Director, Office of Budget, HRSA*
- Participants:
  - Tonya Bowers, Deputy Associate Administrator, Bureau of Primary Health Care, HRSA
  - Laura Cheever, Associate Administrator, HIV/AIDS Bureau, HRSA
  - Laura Kavanaugh, Deputy Associate Administrator, Maternal and Child Health Bureau, HRSA
  - Melissa Houston, Deputy Associate Administrator, Healthcare Systems Bureau, HRSA

### **Agenda**

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(b)(5)



(b)(5)





(b)(5)



## Bell, Michael (OS/ASPA)

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**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Sunday, September 24, 2017 3:35 PM  
**To:** Moughalian, Jen (HHS/ASFR); Pollock, Rachel (HHS/ASFR); Donley, Katherine (HHS/ASFR)  
**Cc:** Palmer, Ashley (OS/ASFR); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Burbank, Nick (HHS/ASFR)  
**Subject:** RE: Clearance: Notification of ACF Adoption and QIC awards

Yes, thanks.

---

**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Sunday, September 24, 2017 3:26 PM  
**To:** Wynne, Maggie (HHS/IOS); Pollock, Rachel (HHS/ASFR); Donley, Katherine (HHS/ASFR)  
**Cc:** Palmer, Ashley (OS/ASFR); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Burbank, Nick (HHS/ASFR)  
**Subject:** RE: Clearance: Notification of ACF Adoption and QIC awards

Thanks Maggie.

Jen Moughalian  
US Department of Health and Human Services  
202-690-6061 (Office)  
(b)(6) (Cell)

*Deliberative and pre-decisional communication*

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**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Sunday, September 24, 2017 1:47 PM  
**To:** Pollock, Rachel (HHS/ASFR); Donley, Katherine (HHS/ASFR); Moughalian, Jen (HHS/ASFR)  
**Cc:** Palmer, Ashley (OS/ASFR); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Burbank, Nick (HHS/ASFR)  
**Subject:** RE: Clearance: Notification of ACF Adoption and QIC awards

Thank you. No, I don't need additional information.

Maggie

---

**From:** Pollock, Rachel (HHS/ASFR)  
**Sent:** Friday, September 22, 2017 2:19 PM  
**To:** Wynne, Maggie (HHS/IOS); Donley, Katherine (HHS/ASFR); Moughalian, Jen (HHS/ASFR)  
**Cc:** Palmer, Ashley (OS/ASFR); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Burbank, Nick (HHS/ASFR)  
**Subject:** RE: Clearance: Notification of ACF Adoption and QIC awards

Maggie –

ACF provided the following information in response to your question in the email below. Please let me know if you need any additional information.

The program described in the soft earmark closely resembles a program that CB previously funded called the Infant Adoption Awareness Training Program. The FOA was written using the knowledge base developed by those grantees, the national curriculum, and the Best Practice Guidelines developed by a cohort of national experts.

- The purpose of the training is to ensure that adoption is presented as pregnancy outcome option. Professional medical staff may have the least information and understanding of that option and the training is designed to fill that gap.
- Another key point is the term “non-directive” counseling, ensuring that staff trained are objective, non-judgmental and supportive.
- Here’s a link to the best practice guidelines <https://www.acf.hhs.gov/cb/resource/adoption-awareness-training>
- **The successful applicant is a nationally recognized adoption agency with years of experience in the field.**

Rachel Pollock

Office: 202.690.7483

Cell: (b)(6)

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**From:** Wynne, Maggie (HHS/IOS)

**Sent:** Thursday, September 21, 2017 2:19 PM

**To:** Donley, Katherine (HHS/ASFR); Moughalian, Jen (HHS/ASFR)

**Cc:** Palmer, Ashley (OS/ASFR); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR);

Curtis, Jillian (HHS/ASFR); Burbank, Nick (HHS/ASFR)

**Subject:** RE: Clearance: Notification of ACF Adoption and QIC awards

Hi Katie,

I have a question about the following sentence in the description of the Adoption Support Services grant.

“The funded project will train these designated staff in accordance with best practice guidelines, including providing adoption information and referrals to pregnant women on an equal basis with all other courses of action included in nondirective counseling.”

Does this mean that if a woman or teen asks to discuss adoption as an option, the grantee has to discuss all other possible courses of action, too?

Maggie

*Deliberative and pre-decisional communication*

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**From:** Donley, Katherine (HHS/ASFR)

**Sent:** Thursday, September 21, 2017 1:59 PM

**To:** Moughalian, Jen (HHS/ASFR); Wynne, Maggie (HHS/IOS)

**Cc:** Palmer, Ashley (OS/ASFR); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR);

Curtis, Jillian (HHS/ASFR); Burbank, Nick (HHS/ASFR)

**Subject:** Clearance: Notification of ACF Adoption and QIC awards

Jen and Maggie,

(b)(5)

Thanks,

Katie

ACF will release the following grant awards in the coming days:

**Hospital-Based Adoption Support Services**

This opportunity will support improved hospital-based adoption support services for pregnant and expectant mothers program by training hospital-based adoption support service providers, doctors, and staff who provide pregnancy or adoption information and referrals, using an existing infant adoption awareness training curriculum. The funded project will train these designated staff in accordance with best practice guidelines, including providing adoption information and referrals to pregnant women on an equal basis with all other courses of action included in nondirective counseling. Such activities will help ensure that mothers who wish to make an adoption have access to appropriately trained staff and comprehensive supports throughout the adoption process. (One 18-month grant award to Spaulding for Children, Michigan; \$750,000.)

**National Quality Improvement Center for Collaborative Community Court Teams**

The National Quality Improvement Center for Collaborative Community Court Teams to Address the Needs of Infants, Young Children and Families affected by Substance Use Disorders award will fund a Quality Improvement Center (QIC) that will support demonstration sites that establish or enhance collaborative community court teams. The QIC will design, implement and test approaches to meet the requirements of the Child Abuse Prevention and Treatment Act (CAPTA) of 2010 as amended by the Comprehensive Addiction and Recovery Act of 2016 (CARA), and specifically address the needs of infants, young children and their parents or caregivers affected by substance use disorders through the demonstration sites. The cooperative agreement will produce sustainable approaches and strategies that will be useful nationally in addressing the substance use disorder epidemic. (One award to the Center for Children and Family Futures, Inc., California; \$3,000,000 per year for up to 3 years.)

Katie Donley  
Congressional Liaison Specialist  
Office of Budget  
Assistant Secretary for Financial Resources  
Department of Health and Human Services  
202.690.6704 (office)  
(b)(6) (cell)



## Bell, Michael (OS/ASPA)

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**From:** Palmer, Ashley (OS/ASFR)  
**Sent:** Monday, September 11, 2017 4:55 PM  
**To:** Arbes, Sarah (HHS/ASL); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Stannard, Paula (HHS/IOS); Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Bardis, John (HHS/ASA); Graham, John (HHS/ASPE)  
**Cc:** Moughalian, Jen (HHS/ASFR); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR)  
**Subject:** FY18 Senate LHHS Appropriations Bill Summary  
**Attachments:** ASFR Memo to TPMD \_ Senate FY18 Labor HHS Priority Summary \_ FINAL.docx

Attached is an ASFR staff summary of the FY 2018 Senate Labor-HHS Appropriations Bill approved by the Committee late last week. Senate consideration of the appropriations bill is uncertain at this time given passage of the continuing resolution through December 8.

By way of an update on the House appropriations process, the House plans to continue consideration of several FY18 appropriations bills this week. The House Omnibus includes consideration of the Labor-HHS bill for which we expect several amendments. ASFR will be tracking the amendments and will provide updates as necessary.

Please let us know if you have any questions.

-Ashley

202-690-6273 (direct)

(b)(6)

(cell)

## Bell, Michael (OS/ASPA)

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**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Wednesday, September 06, 2017 1:24 PM  
**To:** Wynne, Maggie (HHS/IOS); Stevenson, Sarah-Lloyd (HHS/IOS); Smith, Andrew (HHS/IOS)  
**Cc:** Palmer, Ashley (HHS/ASL)  
**Subject:** FW: OMB CR submission  
**Attachments:** govdoc20170906-185180.pdf

FYI on Head Start.

*Deliberative and pre-decisional communication*

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**From:** Cash, Lester (HHS/ASFR)  
**Sent:** Wednesday, September 06, 2017 1:22 PM  
**To:** Moughalian, Jen (HHS/ASFR)  
**Cc:** Cochran, Norris (HHS/ASFR); Pollock, Rachel (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Gelbmann, Jane (HHS/ASFR)  
**Subject:** OMB CR submission

CQ has now received a copy of OMB's CR submission to Congress. As we had heard, the only provisions of interest to HHS were the government-wide one on appropriated entitlements, and the one on the Head Start formula under a CR.

## Bell, Michael (OS/ASPA)

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**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Tuesday, May 23, 2017 10:32 AM  
**To:** Leggitt, Lance (HHS/IOS); Skrzycki, Kristin (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Stannard, Paula (HHS/IOS); Schaefer, Nina (HHS/IOS); Lenihan, Keagan (HHS/IOS); Arbes, Sarah (HHS/ASL); Morse, Sara (HHS/ASL); Lloyd, Matt (OS/ASPA); Yoest, Charmaine (OS/ASPA); Murphy, Ryan (OS/ASPA); Marre, Alleigh (OS/ASPA)  
**Subject:** Embargoed until 11 am : Final MSV and front volume segments  
**Attachments:** MSV - HHS Discretionary.pdf; MSV - HHS Mandatory.pdf; MSV - Medical Liability Reform.pdf; MSV - Repeal and Replace.pdf; Main Budget Volume\_HHS Only (2017.05.22).docx

This is from OMB, embargoed until 11 am. It seems the Hill has some copies. Thanks!

Jen Moughalian  
US Department of Health and Human Services  
202-690-6061 (Office)  
(b)(6) (Cell)

*Pre-decisional communication*

## Bell, Michael (OS/ASPA)

---

**From:** Pilato, Anna (ACF)  
**Sent:** Monday, May 22, 2017 3:38 PM  
**To:** Wagner, Steven (ACF); Wynne, Maggie (HHS/IOS)  
**Cc:** Monroe, Johnathan (ACF); Wolfe, Kenneth (ACF)  
**Subject:** Talking points with further edits  
**Attachments:** FY 2018 budget edited with track changes.docx

Team,

(b)(5)



FYI, this document was sent to ASPA (specifically Matt Lloyd and Charmaine) for their clearance, and we are waiting for a response. Thank you.

Anna Pilato  
Deputy Assistant Secretary, External Affairs  
Administration for Children and Families  
U.S. Department of Health and Human Services  
202-401-9216  
[Anna.Pilato@acf.hhs.gov](mailto:Anna.Pilato@acf.hhs.gov)





## Bell, Michael (OS/ASPA)

---

**From:** Wagner, Steven (ACF)  
**Sent:** Friday, May 19, 2017 2:47 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** FW: ACF proposed media responses  
**Attachments:** FY 2018 budget edited.docx

Maggie, FYI, these are contingency talking points regarding the FY18 ACF budget prepared by Anna's shop.  
Best,  
Steve

---

**From:** Pilato, Anna (ACF)  
**Sent:** Friday, May 19, 2017 2:32 PM  
**To:** Lloyd, Matt (OS/ASPA)  
**Cc:** Yoest, Charmaine (OS/ASPA); Wagner, Steven (ACF); Monroe, Johnathan (ACF); Wolfe, Kenneth (ACF)  
**Subject:** ACF proposed media responses

Dear Matt,

The ACF Communication team is sending you draft/pre-decisional talking points based off of the "Budget in Brief" document for your consideration.

I connected with Charmaine today and introduced myself to her. I let her know my office created this document and that we wanted to send it on to ASPA. She suggested I send it to you directly for your review.

Thank you and I look forward to your feedback.

Anna Pilato  
Deputy Assistant Secretary, External Affairs  
Administration for Children and Families  
U.S. Department of Health and Human Services  
202-401-9216  
[Anna.Pilato@acf.hhs.gov](mailto:Anna.Pilato@acf.hhs.gov)



## Bell, Michael (OS/ASPA)

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**From:** Stannard, Paula (HHS/IOS)  
**Sent:** Tuesday, May 09, 2017 8:10 PM  
**To:** Moughalian, Jen (HHS/ASFR); Wynne, Maggie (HHS/IOS)  
**Cc:** Negri III, Warren A. (ACF)  
**Subject:** RE: (b)(5)

Yes. (b)(5)

(b)(5)

---

**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Tuesday, May 09, 2017 6:24 PM  
**To:** Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS)  
**Subject:** RE: (b)(5)

(b)(5)

Jen Moughalian  
US Department of Health and Human Services  
202-690-6061 (Office)  
(b)(6) (Cell)

*Pre-decisional communication*

---

**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Tuesday, May 09, 2017 5:59 PM  
**To:** Stannard, Paula (HHS/IOS); Moughalian, Jen (HHS/ASFR)  
**Subject:** RE: (b)(5)

(b)(5)

Maggie

---

**From:** Stannard, Paula (HHS/IOS)  
**Sent:** Tuesday, May 09, 2017 5:54 PM  
**To:** Wynne, Maggie (HHS/IOS); Moughalian, Jen (HHS/ASFR)  
**Subject:** Re: (b)(5)

(b)(5)

On: 09 May 2017 17:35, "Wynne, Maggie (HHS/IOS)" <[Margaret.Wynne@hhs.gov](mailto:Margaret.Wynne@hhs.gov)> wrote:

(b)(5)



On: 09 May 2017 17:18, "Moughalian, Jen (HHS/ASFR)" <[Jen.Moughalian@hhs.gov](mailto:Jen.Moughalian@hhs.gov)> wrote:

(b)(5)



Thanks

Jen Moughalian  
US Department of Health and Human Services  
202-690-6061 (Office)

(b)(6) (Cell)



*Pre-decisional communication*

## Bell, Michael (OS/ASPA)

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**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Tuesday, May 09, 2017 7:34 PM  
**To:** Negri III, Warren A. (ACF)  
**Subject:** RE: ACF CJ significant items  
**Attachments:** ACF Significant Items 5.8.17\_mw.docx

Hi Warren,

Thank you for the reminder. I got partway through it yesterday and then got distracted.

I've attached it with my edits. (b)(5)

Thanks,  
Maggie

---

**From:** Negri III, Warren A. (ACF)  
**Sent:** Tuesday, May 09, 2017 6:58 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** RE: ACF CJ significant items

Hi Maggie – do you have any edits to this document or is it good to go?

Thanks!  
Warren

---

**From:** Negri III, Warren A. (ACF)  
**Sent:** Monday, May 08, 2017 2:19 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** FW: ACF CJ significant items

Hi Maggie,

Here is the document we were just discussing. Let me know what changes you would like.

Thank you!  
Warren

---

**From:** Peter, Brian (OS/ASFR)  
**Sent:** Monday, May 08, 2017 1:50 PM  
**To:** Moughalian, Jen (HHS/ASFR); Negri III, Warren A. (ACF)  
**Cc:** Coughlin, Janis (HHS/ASFR); O'Keefe, Erin (HHS/ASFR)  
**Subject:** ACF CJ significant items

Jen and Warren,

Attached for your review is the Significant Items in Appropriations Reports section of the ACF CJ. This was not part of the ACF package that was sent to you last week.

-Brian



**Brian Peter**  
**Program Analyst**  
**Budget and Performance Policy, ASFR**  
**Department of Health and Human Services**  
**202-260-6045**

**Bell, Michael (OS/ASPA)**

---

**From:** Negri III, Warren A. (ACF)  
**Sent:** Tuesday, May 09, 2017 6:58 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** RE: ACF CJ significant items  
**Attachments:** ACF Significant Items 5.8.17.docx

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**Sent:** Monday, May 08, 2017 1:50 PM  
**To:** Moughalian, Jen (HHS/ASFR); Negri III, Warren A. (ACF)  
**Cc:** Coughlin, Janis (HHS/ASFR); O'Keefe, Erin (HHS/ASFR)  
**Subject:** ACF CJ significant items

Jen and Warren,

Attached for your review is the Significant Items in Appropriations Reports section of the ACF CJ. This was not part of the ACF package that was sent to you last week.

-Brian

**Brian Peter**  
**Program Analyst**  
**Budget and Performance Policy, ASFR**  
**Department of Health and Human Services**  
**202-260-6045**

## Bell, Michael (OS/ASPA)

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**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Tuesday, May 09, 2017 6:24 PM  
**To:** Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS)  
**Subject:** RE: (b)(5)

(b)(5)

(b)(5)

Jen Moughalian  
US Department of Health and Human Services  
202-690-6061 (Office)  
(b)(6) (Cell)

*Pre-decisional communication*

---

**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Tuesday, May 09, 2017 5:59 PM  
**To:** Stannard, Paula (HHS/IOS); Moughalian, Jen (HHS/ASFR)  
**Subject:** RE: (b)(5)

(b)(5)

Maggie

---

**From:** Stannard, Paula (HHS/IOS)  
**Sent:** Tuesday, May 09, 2017 5:54 PM  
**To:** Wynne, Maggie (HHS/IOS); Moughalian, Jen (HHS/ASFR)  
**Subject:** Re: (b)(5)

(b)(5)

On: 09 May 2017 17:35, "Wynne, Maggie (HHS/IOS)" <[Margaret.Wynne@hhs.gov](mailto:Margaret.Wynne@hhs.gov)> wrote:

(b)(5)

On: 09 May 2017 17:18, "Moughalian, Jen (HHS/ASFR)" <[Jen.Moughalian@hhs.gov](mailto:Jen.Moughalian@hhs.gov)> wrote:

(b)(5)

Thanks

Jen Moughalian  
US Department of Health and Human Services  
202-690-6061 (Office)

(b)(6) (Cell)

*Pre-decisional communication*



**Bell, Michael (OS/ASPA)**

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(b)(5)

Maggie

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**Sent:** Tuesday, May 09, 2017 5:54 PM  
**To:** Wynne, Maggie (HHS/IOS); Moughalian, Jen (HHS/ASFR)  
**Subject:** (b)(5)

(b)(5)

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(b)(5)

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(b)(5)

Thanks

Jen Moughalian  
US Department of Health and Human Services  
202-690-6061 (Office)  
(b)(6) (Cell)

*Pre-decisional communication*

## Bell, Michael (OS/ASPA)

---

**From:** Lapinski, Mary-Sumpter (HHS/IOS)  
**Sent:** Monday, May 08, 2017 10:57 PM  
**To:** Pollock, Rachel (HHS/ASFR); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Street, Amanda (HHS/IOS); Skrzycki, Kristin (HHS/IOS); Morse, Sara (HHS/ASL); Murphy, Ryan (OS/ASPA)  
**Cc:** Moughalian, Jen (HHS/ASFR); Coughlin, Janis (HHS/ASFR)  
**Subject:** RE: Final Review Opportunity: Budget in Brief  
**Attachments:** 09 CDC BIB FY18 edit.docx; 10 NIH BIB edit.docx

(b)(5)

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**From:** Pollock, Rachel (HHS/ASFR)  
**Sent:** Monday, May 08, 2017 11:50 AM  
**To:** Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Skrzycki, Kristin (HHS/IOS); Morse, Sara (HHS/ASL); Murphy, Ryan (OS/ASPA)  
**Cc:** Moughalian, Jen (HHS/ASFR); Coughlin, Janis (HHS/ASFR)  
**Subject:** Final Review Opportunity: Budget in Brief

Counselors –

Attached please find the proposed final version of the FY 2018 HHS Budget in Brief chapters. Please note that there are some areas in the attached chapters where dollars amounts or other information is not yet final – these areas are represented by yellow highlights.

The attached BIB chapters have been reviewed by OMB and Dr. Price. Please take a final look and the chapters and submit any comments by 12:00 noon tomorrow (Tuesday, May 9). Once we have receive any final notes, ASFR will begin compiling the BIB chapters into final book form and completing the master-documenting process to ensure that the BIB is ready to print. The final BIB will be sent to the printers on Friday morning.

Please note that the BIB Overview is still under review and is not included in the attached.

Rachel Pollock  
Office: 202.690.7483  
Cell: (b)(6)

\*\*

Counselors –

We are very close to finalizing the FY18 President's Budget policies with OMB (hooray!), and ASFR is working on the HHS documents that will accompany the Budget release slated for May 22, 2017. We are requesting your policy input on two documents below. Please feel free to reach out with any questions, and thanks in advance for your help.

- **Budget in Brief**, HHS's description of the FY 18 Budget. This evening, we will send you the chapters aligned to your policy areas for review. Please edit in the electronic version in track changes. We welcome changes ranging from wording changes to alternate examples and programs to highlight.

- **Congressional Justifications**, very detailed OpDiv and StaffDiv documents for the FY 2018 HHS budget request. Warren Negri and ASFR staff are reviewing these, and will reach out to you for guidance in their review.

Product	Description	Availability
<b>Budget in Brief (BIB)</b>	The Budget in Brief (BIB) is a document, written by HHS, which describes HHS's Budget request. It is released on the same day as OMB sends the President's Budget to Congress. The BIB has an opening section that provides an overview of the Secretary's priorities, and sections for each agency with priorities, requested budget levels, and performance plans. (The <a href="#">FY 2017 BIB</a> is an example.)	<ul style="list-style-type: none"> <li>• Public</li> <li>• On HHS</li> <li>• Hard copy in Congress</li> </ul>
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Jen Moughalian  
 US Department of Health and Human Services  
 202-690-6861 (Office)  
 (b)(6) (Cell)

*Pre-decisional communication*

**Bell, Michael (OS/ASPA)**

---

**From:** Negri III, Warren A. (ACF)  
**Sent:** Monday, May 08, 2017 2:20 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** FW: ACF CJ significant items  
**Attachments:** ACF Significant Items 5.8.17.docx

Hi Maggie,

Here is the document we were just discussing. Let me know what changes you would like.

Thank you!  
Warren

---

**From:** Peter, Brian (OS/ASFR)  
**Sent:** Monday, May 08, 2017 1:50 PM  
**To:** Moughalian, Jen (HHS/ASFR); Negri III, Warren A. (ACF)  
**Cc:** Coughlin, Janis (HHS/ASFR); O'Keefe, Erin (HHS/ASFR)  
**Subject:** ACF CJ significant items

Jen and Warren,

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-Brian

**Brian Peter**  
**Program Analyst**  
**Budget and Performance Policy, ASFR**  
**Department of Health and Human Services**  
**202-260-6045**



## Bell, Michael (OS/ASPA)

---

**From:** Pollock, Rachel (HHS/ASFR)  
**Sent:** Monday, May 08, 2017 11:50 AM  
**To:** Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Skrzycki, Kristin (HHS/IOS); Morse, Sara (HHS/ASL); Murphy, Ryan (OS/ASPA)  
**Cc:** Moughalian, Jen (HHS/ASFR); Coughlin, Janis (HHS/ASFR)  
**Subject:** Final Review Opportunity: Budget in Brief  
**Attachments:** 06 FDA Narrative - FY18.docx; 07 HRSA BIB FY 18.docx; 08 IHS BIB - 2018.docx; 09 CDC BIB FY18.docx; 10 NIH BIB.DOCX; 11 SAMHSA FY18 BIB - 2018.docx; 12 CMS Overview Narrative - 2018.docx; 13 Medicare Narrative - 2018.docx; 14 PI Narrative - 2018.docx; 15 Medicaid Narrative - 2018.docx; 16 CHIP Narrative - 2018.docx; 17 SGD Narrative - 2018.docx; 18 Program Management Narrative - 2018.docx; 19 ACF Overview Narrative - 2018.docx; 20 ACF Narrative (Disc) - 2018.docx; 21 ACF Narrative (Mand) - 2018.docx; 22 ACL Narrative - 2018.docx; 23 GDM Narrative - 2018.docx; 24 OMHA Narrative - 2018.docx; 25 ONC Narrative - 2018.docx; 26 OCR Narrative - FY 2018.docx; 27 OIG Narrative - 2018.docx; 28 PHSSEF Narrative - 2018.docx

**Due By:** Tuesday, May 09, 2017 11:30 AM  
**Flag Status:** Flagged

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Rachel Pollock  
Office: 202.690.7483  
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Counselors –

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<b>Congressional Justification</b>	The HHS Congressional Justification (CJ) is a set of separate CJs from each OpDiv and StaffDiv that the FY 2018 HHS budget request at the account level. Combined, the CJs are generally over 5,000 pages long. Printed, bound copies of the CJ are delivered to the Hill and OMB the day the budget is released. The CJs are posted on OpDiv websites on the date the budget is released.	<ul style="list-style-type: none"> <li>• Public</li> <li>• On HHS</li> <li>• Hard copy in Congressional</li> </ul>

Jen Moughalian  
 US Department of Health and Human Services  
 202-690-6861 (Office)  
 (b)(6) (Cell)

*Pre-decisional communication*

## Bell, Michael (OS/ASPA)

---

**From:** O'Keefe, Erin (HHS\ASFR)  
**Sent:** Friday, May 05, 2017 4:09 PM  
**To:** Lapinski, Mary-Sumpter (HHS/IOS); Moughalian, Jen (HHS/ASFR); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Street, Amanda (HHS/IOS); Skrzycki, Kristin (HHS/IOS); Stannard, Paula (HHS/IOS); Negri III, Warren A. (ACF)  
**Cc:** Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Miller, Caitlyn (OS/ASFR); Cabezas, Miriam (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Rice, Garey R. (OS/ASFR); Grifka, Michelle (OS/OB); McMillen, Cheryl (HHS/ASFR); Elder, Mark (HHS/ASFR); Kelley, Curtis (HHS/ASFR)  
**Subject:** FW: Urgent 12:30pm deadline: Major Savings and Reform Volume  
**Attachments:** HHS FY 2018 Major Savings and Reforms Volume (MSV)\_External\_for HHS.DOC

Good Afternoon,

Please find attached an updated version of the Major Savings and Reform Volume document that you reviewed yesterday. (b)(5)

(b)(5)

Thank you,  
Erin

Erin O'Keefe  
Chief, Budget and Performance Policy Branch  
ASFR/Office of Budget  
Department of Health and Human Services  
202-690-8223  
[erin.okeefe@hhs.gov](mailto:erin.okeefe@hhs.gov)

---

Begin forwarded message:

**From:** "Lapinski, Mary-Sumpter (HHS/IOS)" <[Mary-sumpter.Lapinski@hhs.gov](mailto:Mary-sumpter.Lapinski@hhs.gov)>  
**Date:** May 4, 2017 at 12:55:47 PM EDT  
**To:** "Coughlin, Janis (HHS/ASFR)" <[Janis.Coughlin@hhs.gov](mailto:Janis.Coughlin@hhs.gov)>, "Moughalian, Jen (HHS/ASFR)" <[Jen.Moughalian@hhs.gov](mailto:Jen.Moughalian@hhs.gov)>, "Negri III, Warren A. (ACF)" <[Warren.Negri@acf.HHS.GOV](mailto:Warren.Negri@acf.HHS.GOV)>, "Brooks, John (HHS/IOS)" <[John.Brooks@hhs.gov](mailto:John.Brooks@hhs.gov)>, "Wynne, Maggie (HHS/IOS)" <[Margaret.Wynne@hhs.gov](mailto:Margaret.Wynne@hhs.gov)>, "Schaefer, Nina (HHS/IOS)" <[Nina.Schaefer@hhs.gov](mailto:Nina.Schaefer@hhs.gov)>, "Street, Amanda (HHS/IOS)" <[Amanda.Street@hhs.gov](mailto:Amanda.Street@hhs.gov)>, "Skrzycki, Kristin (HHS/IOS)" <[Kristin.Skrzycki@hhs.gov](mailto:Kristin.Skrzycki@hhs.gov)>, "Stannard, Paula (HHS/IOS)" <[Paula.Stannard@hhs.gov](mailto:Paula.Stannard@hhs.gov)>  
**Cc:** "Cochran, Norris (HHS/ASFR)" <[norris.cochran@hhs.gov](mailto:norris.cochran@hhs.gov)>, "Miller, Caitlyn (OS/ASFR)" <[Caitlyn.Miller@hhs.gov](mailto:Caitlyn.Miller@hhs.gov)>, "McMillen, Cheryl (HHS/ASFR)" <[Cheryl.McMillen@HHS.GOV](mailto:Cheryl.McMillen@HHS.GOV)>, "Curtis, Jillian (HHS/ASFR)" <[Jillian.Curtis@hhs.gov](mailto:Jillian.Curtis@hhs.gov)>, "Cabezas, Miriam (HHS/ASFR)" <[Miriam.Cabezas@hhs.gov](mailto:Miriam.Cabezas@hhs.gov)>, "Rice, Garey R. (OS/ASFR)" <[garey.rice@hhs.gov](mailto:garey.rice@hhs.gov)>, "Grifka, Michelle (OS/OB)" <[Michelle.Grifka@hhs.gov](mailto:Michelle.Grifka@hhs.gov)>  
**Subject:** RE: Urgent 12:30pm deadline: Major Savings and Reform Volume

(b)(5)



---

**From:** Coughlin, Janis (HHS/ASFR)

**Sent:** Thursday, May 04, 2017 11:24 AM

**To:** Moughalian, Jen (HHS/ASFR); Negri III, Warren A. (ACF); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Street, Amanda (HHS/IOS); Skrzycki, Kristin (HHS/IOS); Stannard, Paula (HHS/IOS)

**Cc:** Cochran, Norris (HHS/ASFR); Miller, Caitlyn (OS/ASFR); McMillen, Cheryl (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Cabezas, Miriam (HHS/ASFR); Rice, Garey R. (OS/ASFR); Grifka, Michelle (OS/OB)

**Subject:** Urgent 12:30pm deadline: Major Savings and Reform Volume

**Importance:** High

**FOR IMMEDIATE REVIEW:**

Please find the attached OMB draft write up to highlight key reductions, eliminations, or other savings proposals in an OMB Major Savings and Reform Volume to be released with the FY 2018 Budget. They are asking for high-level edits not later than 1pm today – Please send any edits you may have to this group by 12:30pm today and ASFR will consolidate and send to OMB. ASFR staff are also reviewing at this time.

(b)(5)



**Janis Coughlin-Piester**

Director

Budget Policy, Execution, and Review Division

ASFR/Office of Budget

Department of Health and Human Services

202-690-7393 (main)

202-690-5689 (direct)



## Bell, Michael (OS/ASPA)

---

**From:** Lapinski, Mary-Sumpter (HHS/IOS)  
**Sent:** Thursday, May 04, 2017 12:56 PM  
**To:** Coughlin, Janis (HHS/ASFR); Moughalian, Jen (HHS/ASFR); Negri III, Warren A. (ACF); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Street, Amanda (HHS/IOS); Skrzycki, Kristin (HHS/IOS); Stannard, Paula (HHS/IOS)  
**Cc:** Cochran, Norris (HHS/ASFR); Miller, Caitlyn (OS/ASFR); McMillen, Cheryl (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Cabezas, Miriam (HHS/ASFR); Rice, Garey R. (OS/ASFR); Grifka, Michelle (OS/OB)  
**Subject:** RE: Urgent 12:30pm deadline: Major Savings and Reform Volume  
**Attachments:** HHS FY 2018 Major Savings and Reforms Volume (MSV) health for HHS edit.docx

(b)(5)



---

**From:** Coughlin, Janis (HHS/ASFR)  
**Sent:** Thursday, May 04, 2017 11:24 AM  
**To:** Moughalian, Jen (HHS/ASFR); Negri III, Warren A. (ACF); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Street, Amanda (HHS/IOS); Skrzycki, Kristin (HHS/IOS); Stannard, Paula (HHS/IOS)  
**Cc:** Cochran, Norris (HHS/ASFR); Miller, Caitlyn (OS/ASFR); McMillen, Cheryl (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Cabezas, Miriam (HHS/ASFR); Rice, Garey R. (OS/ASFR); Grifka, Michelle (OS/OB)  
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(b)(5)



Janis Coughlin-Piester

Director  
Budget Policy, Execution, and Review Division  
ASFR/Office of Budget  
Department of Health and Human Services  
202-690-7393 (main)  
202-690-5689 (direct)

## Bell, Michael (OS/ASPA)

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**From:** Coughlin, Janis (HHS/ASFR)  
**Sent:** Thursday, May 04, 2017 11:24 AM  
**To:** Moughalian, Jen (HHS/ASFR); Negri III, Warren A. (ACF); Lapinski, Mary-Sumpter (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Schaefer, Nina (HHS/IOS); Street, Amanda (HHS/IOS); Skrzycki, Kristin (HHS/IOS); Stannard, Paula (HHS/IOS)  
**Cc:** Cochran, Norris (HHS/ASFR); Miller, Caitlyn (OS/ASFR); McMillen, Cheryl (HHS/ASFR); Curtis, Jillian (HHS/ASFR); Cabezas, Miriam (HHS/ASFR); Rice, Garey R. (OS/ASFR); Grifka, Michelle (OS/OB)  
**Subject:** Urgent 12:30pm deadline: Major Savings and Reform Volume  
**Attachments:** HHS FY 2018 Major Savings and Reforms Volume (MSV) health for HHS.docx  
**Importance:** High

### FOR IMMEDIATE REVIEW:

Please find the attached OMB draft write up to highlight key reductions, eliminations, or other savings proposals in an OMB Major Savings and Reform Volume to be released with the FY 2018 Budget. They are asking for high-level edits not later than 1pm today – Please send any edits you may have to this group by 12:30pm today and ASFR will consolidate and send to OMB. ASFR staff are also reviewing at this time.

(b)(5)



Janis Coughlin-Piester  
Director  
Budget Policy, Execution, and Review Division  
ASFR/Office of Budget  
Department of Health and Human Services  
202-690-7393 (main)  
202-690-5689 (direct)

**Bell, Michael (OS/ASPA)**

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**From:** Negri III, Warren A. (ACF)  
**Sent:** Wednesday, May 03, 2017 12:37 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** ACF's CJs for your review  
**Attachments:** ACF Mand SSBG CJ chapter.docx; edits - ACF -Children Families Services CJ Chapter.docx; ACF Refugees CJ Chapter.docx

Maggie,

Attached you will find the three ACF CJ that require your approval. The first two you have already: SSBG and Children Families Services. The third CJ is ACF Refugees.

Thank you,  
Warren Negri



## Bell, Michael (OS/ASPA)

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**From:** Moughalian, Jen (HHS/ASFR)  
**Sent:** Thursday, March 30, 2017 6:24 PM  
**To:** Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Horn, Wade (HHS/IOS) (CTR); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Agnew, Ann (HHS/IOS)  
**Cc:** Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR)  
**Subject:** Final FY 2018 Budget Recommendations Package for the Secretary  
**Attachments:** FY 2018 Summary of Recommendations Package.pdf

Team,

Please find attached the package of materials for the FY 2018 Budget Allocation Meeting with the Secretary scheduled for 1pm tomorrow. The package includes a cover memo that highlights the key decision points for the Secretary, a Detail Table that will be submitted to OMB once the Secretary's decisions are incorporated, and individual Summary of Recommendations documents for each OpDiv and StaffDiv with additional detail.

Thank you  
Jen

## Bell, Michael (OS/ASPA)

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**From:** Klimczak, Kate (HHS/ASFR)  
**Sent:** Wednesday, March 29, 2017 12:02 PM  
**To:** Moughalian, Jen (HHS/ASFR); OS - Budget Office Managers; Donley, Katherine (HHS/ASFR); Rice, Peggine (HHS/ASFR); Williams, Cameron (HHS/ASFR); Klimczak, Kate (HHS/ASFR)  
**Cc:** Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Horn, Wade (HHS/IOS) (CTR); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Agnew, Ann (HHS/IOS); Murphy, Ryan (OS/ASPA); Lloyd, Matt (OS/ASPA); Arbes, Sarah (HHS/ASL); Morse, Sara (HHS/ASL); Bult, Nathan (OS/ASPA); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR)  
**Subject:** RE: Live Updates from LHHS Hearing

Rep. Roby (this is her first round so she will have 5 minutes)

- The wage index is a serious problem. Hospitals are being punished for operating efficiently. Will you work on this? A: Yes. Some of the regulations, rules, formulas have outlived their usefulness. I will work with you.
- Can you describe how the President's FY18 Budget can ensure that competitions will take place under the Preschool Development Grants Program? A: This issue is really important. This is a work in progress, and I look forward to working with you. Need to make sure there are resources are available for the effective programs.

Rep. Roybal-Allard

- Lead poisoning is a huge problem. Will you expand the CDC's lead poisoning prevention program and protect the Prevention Fund? A: Lead poisoning is problem, and need to protect Americans. There may be different ways to ensure that.
- Will you commit to making sure the CDC can carry out its mission here in the U.S. abroad? A: It is our commitment to make sure the CDC can achieve its core mission.

Dr. Harris

- On Medicaid. Should we allow folks on Medicaid to have access to private insurance? A: The Medicaid system is broken. If all we're looking at is how much money is going in to Medicaid, then we're not doing enough.

Rep. Lee

- Do you support an increase for the Pentagon on our Budget. A: As Secretary, I'm committed....
- Do you support the Budget A: Deconstructing the Department is not a goal.
- Do you support increasing the Defense Budget with cuts at HHS?
- Do you believe low income people deserve the same health care as rich people. A: Absolutely. That has been my mission since I graduated medical school. I take issue with implication that I'm deconstructing the Agency...
- But your Budget is deconstructing the Agency. A: That is not what I'm doing.

Rep Clark

- Is the Blueprint opioid money, new money or the Cures funding? A: I believe that is the Cures funding
- So opioids funding is level funding? A: Yes
- Why would you decrease the Budget for medical research? A: This is a tough budget year, and we have to take the opportunity to focus on our priority.
- Mr Severino opposed Section 1557 which prohibits discrimination in federally funded programs. Do you support those prohibitions? A: I support the law of the land.

Chairman Cole adjourned the hearing.

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**From:** Klimczak, Kate (HHS/ASFR)

**Sent:** Wednesday, March 29, 2017 11:50 AM

**To:** Moughalian, Jen (HHS/ASFR); OS - Budget Office Managers; Donley, Katherine (HHS/ASFR); Rice, Peggie (HHS/ASFR); Williams, Cameron (HHS/ASFR); Klimczak, Kate (HHS/ASFR)

**Cc:** Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Horn, Wade (HHS/IOS) (CTR); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Agnew, Ann (HHS/IOS); Murphy, Ryan (OS/ASPA); Lloyd, Matt (OS/ASPA); Arbes, Sarah (HHS/ASL); Morse, Sara (HHS/ASL); Bult, Nathan (OS/ASPA); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR)

**Subject:** RE: Live Updates from LHHS Hearing

To accommodate Dr. Price's hard stop at 12pm, the Committee will move to 3 minutes of questions.

Chairman Cole

- How do you expect your FY18 Budget to help the HIS and health disparities in Indian Country? A: Thank you for your leadership on this issue. I'm learning about this issue and working to address the disparities.

Ranking Member DeLauro

- Do you support the elimination of LIHEAP A: The responsibility of Department....
- Do you support the elimination of LIHEAP, yes or no? : A: The responsibility....
- Do you support the elimination of CSBG. Yes or no. A: There are..
- Do you support the elimination of CSBG. Yes or NO. A: The responsibility.
- Do you support the cut to the NIH in FY18. Yes or no. A: There are....
- Do you support the cut? Yes or no? A: If there are inefficiencies....
- Have you divested yourself of all health care investments—yes or no? A: Yes
- Have you fulfilled the Commitments of the ethic agreement? A: Yes
- Can you send the Committee a copy of you agreement. A: It is publicly available.
- I believe you are working deconstruct the mission of the Agency. A: I would respectfully disagree.

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**From:** Klimczak, Kate (HHS/ASFR)

**Sent:** Wednesday, March 29, 2017 11:44 AM

**To:** Moughalian, Jen (HHS/ASFR); OS - Budget Office Managers; Donley, Katherine (HHS/ASFR); Rice, Peggie (HHS/ASFR); Williams, Cameron (HHS/ASFR); Klimczak, Kate (HHS/ASFR)

**Cc:** Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Horn, Wade (HHS/IOS) (CTR); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Agnew, Ann (HHS/IOS); Murphy, Ryan (OS/ASPA); Lloyd, Matt (OS/ASPA); Arbes, Sarah (HHS/ASL); Morse, Sara (HHS/ASL); Bult, Nathan (OS/ASPA); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR)

**Subject:** RE: Live Updates from LHHS Hearing

Rep Herrera Beutler

- Pregnant and women have challenges understanding what medications are safe. There needs to more data. I wanted to bring the Task Force to your attention and seek your assurance this will be a priority. A: this is a critical issue—many people assume the data is available, but it's not. This is critical.
- Organ donation is an important issue. Many insurers will discriminate against donors. I just wanted to raise the issue to you.
- Given advances in genetic testing, I'm concerned that Americans will received genetic screenings without the proper counseling. What is your view on this issue? A: Really important issues and the people giving information need to be knowledgeable.

Rep Fleischmann

- Thank you for your service, and you have my full support.



- Federal drug testing. DOT relies on HHS guidance on guidance for drug testing truckers. What is the update on SAMHSA's development of the guidance. A: I'm looking in to it and will get back to you.
- Can you commit that BARDA will have the resources it needs. A: This is critical and an absolute priority of the Department.
- Concerned about young investigators. More grants to investigators over 65 rather than under 36. How can we support young investigators. A: This is critical. I don't have any answer about why this is happening, but we do want to support young scientists and develop their talents for the benefit of all.

**From:** Klimczak, Kate (HHS/ASFR)

**Sent:** Wednesday, March 29, 2017 11:34 AM

**To:** Moughalian, Jen (HHS/ASFR); OS - Budget Office Managers; Donley, Katherine (HHS/ASFR); Rice, Peggie (HHS/ASFR); Williams, Cameron (HHS/ASFR); Klimczak, Kate (HHS/ASFR)

**Cc:** Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Horn, Wade (HHS/IOS) (CTR); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Agnew, Ann (HHS/IOS); Murphy, Ryan (OS/ASPA); Lloyd, Matt (OS/ASPA); Arbes, Sarah (HHS/ASL); Morse, Sara (HHS/ASL); Bult, Nathan (OS/ASPA); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR)

**Subject:** RE: Live Updates from LHHS Hearing

Rep Moolenaar

- In some states, outstanding payments to Medicaid managed care organizations exceed \$3 billion... I am becoming worried that the instability this creates puts MCOs, Medicaid providers, and Medicaid beneficiaries at risk. Can you comment on whether the Department has any plans or tools in the toolbox to address this issue?
- Follow-up: One of the issues that has been raised is that the SSA has an anti-factoring provision that prohibits payments to anyone other than a provider. This prohibits MCOs from assigning their Medicaid receivables to lenders who are not considered providers. Is there anything that can be done to clarify some of the anti-factoring provisions so some of these providers can access capital when states are having difficulty making payments? A: I'm not familiar with that specific item, but happy to work with you.
- Can you offer some more information about the proposed the Emergency Fund. A: That's a work in progress—would love to have your thoughts on that.
- BARDA, do you believe BARDA will have the resources it needs? A: this is a priority and need to make sure it has the resources it needs to keep the American people safe.
- Poison control center. In MI, there are over 70,000 calls. In the past MI received \$18.8M for poison control centers. A: Working through funding for all areas.

Rep Pocan

- Are you still trying to repeal and replace the ACA? Is the Administration still working to repeal ACA? A: We're trying to make sure Americans have access to care
- Why did "Trumpcare" fail last week? A: Our department is focused on making sure the American people have access to affordable care.
- So you don't know why the bill failed? A: I can't speculate.
- OMB provided FY17 cuts, including a huge cut to NIH. Were you consulted? A: there were some staff level conversations, but it's still a work in process.
- Do you support the FY17 document? A: I support the priorities of the Administration.
- Do you support the document? A: it's a work in progress.
- On NIH funding, you mentioned concern about overhead and indirect costs. Can you give some examples? A: those costs go to non actual research at universities/institutes, etc.
- Rep Pocan invited the Secretary to Madison, WI to come see the research going on in Madison.
- Drug importation. The President has talked about this issue. Do you think it's fair that Americans pay more for drugs? What's your department doing to address those concerns? A: we are formulating a strategy to address that issue. We need to have a strategy to bring those prices. Down
- Rep Pocan volunteered to join any efforts on drug costs.



Dr. Harris

- Pleased that the HHS Secretary is a doctor.
- CBO assumed all regulatory pieces of ACA would stay in place. Correct. A: Yes
- DO you have the ability to make regulatory changes to ACA to lower costs. A: 1442 times the ACA said the Secretary shall...
- Did you know that Hopkins, AHA, Gates foundation limits overhead costs to 10%. And yet NIH on taxpayer dollars, lets grants go out at much higher indirect costs. No question, but wanted to point out NIH is much higher. \$6.4B. If we used American Lung Association rules, we could fund MORE grants.
- As Secretary, will you commit the Department will take a hard look at waste and abuse? A: yes, absolutely. We believe there is opportunity for work here.
- Please take a look at the menu labeling issue at FDA.

Rep Clark

- Will you support mandated coverage of substance abuse treatment? A: It is incredibly important to make sure people have access to coverage. For the \$20M that don't have coverage, I would like to work with you about why they don't have coverage.
- Do you support a mandate for insurance coverage of treatment? A: I believe every...
- Do you support the mandate. A: I support all Americans having access to coverage they can afford. Americans need access to coverage they want. There are ways to provide coverage and treatment for the American people without the federal government dictation what coverage people must purchase.
- You believe the current mandate that requires treatment is limiting other people's options? A: we need to make sure everyone has access to treatment and affordable coverage

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**From:** Klimczak, Kate (HHS/ASFR)

**Sent:** Wednesday, March 29, 2017 11:12 AM

**To:** Moughalian, Jen (HHS/ASFR); OS - Budget Office Managers; Donley, Katherine (HHS/ASFR); Rice, Peggie (HHS/ASFR); Williams, Cameron (HHS/ASFR); Klimczak, Kate (HHS/ASFR)

**Cc:** Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Horn, Wade (HHS/IOS) (CTR); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Agnew, Ann (HHS/IOS); Murphy, Ryan (OS/ASPA); Lloyd, Matt (OS/ASPA); Arbes, Sarah (HHS/ASL); Morse, Sara (HHS/ASL); Bult, Nathan (OS/ASPA); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR)

**Subject:** RE: Live Updates from LHHS Hearing

Reps Fleischmann and Roby have arrived.

Rep. Roybal-Allard

- What is your vision for the reorganization of AHRQ into NIH? Is this just an attempt to eliminate AHRQ? A: I want to continue the great work that AHRQ is doing, while trying to remove inefficiencies within NIH/AHRQ.
- Very concerned that the work/mission of AHRQ will be negatively impacted by being folded into NIH. A: When I visited NIH, I was struck by how down on hall research is going on and down another, there are patients being treated. So that's where we see opportunity for consolidation.
- Will AHRQ become a specific Institute at NIH? A: We haven't made those decisions, but I look forward to working with you and your input on the issue.
- Very concerned about \$403M cut to workforce programs. A: Workforce issues are pivotal. Believe we should focus on those areas where there is a service commitment and put our resources there.
- Do you have any compelling evidence that scholarships and loan repayment programs also build minority student pipelines, support retention, and enhance the diversity of the health work force with the same success that title VII programs have shown? A: Yes, I do believe there is value. *Roybal-Allard would like to see the evidence.*



Rep. Womack

- The opioid epidemic is a priority for this Subcommittee. Can you give us an update on 21<sup>st</sup> Century Cures \$ for the opioids epidemic. A: This epidemic is affecting the entire nation. The President is announcing steps the Administration will take to address the crisis. 21<sup>st</sup> Century Cures provides critical resources to fight the epidemic. The first of those grants will be going out in early April. It's a work in progress.
- Congress' first reaction is to just spend money. But we need to spend money on programs that actually work. Glad to hear you will be working with states.
- How will HHS work to implement CARA rules on provider prescribing: A: Shared my thinking we need to be working on the relationship between patient and provider, and make sure people can treat their pain.

Rep. Lee

- Are you planning to narrow the essential health benefits? A: my goal is make sure that Americans have access to affordable coverage.
- Do you believe insurers should have to coverage maternal, newborn care? A: I will carry out the law of the land.
- Insurers should be required to cover mental health services? A: we are committed to carrying out the law of the land.
- Do you believe insurers to cover rx drugs: A: yes, I'm committed to carrying out the law of the land.
- Do you really believe that we need to continue the HIV/AIDS crisis here and abroad. A: Ryan White is a success story, and we've seen incredible progress. That's why we will make investments in direct care services—they are a priority.
- So you agree with the cuts to ryan white, office Minority, etc. A: not sure where you numbers are coming from, but the full details will be available in May.
- IN your budget you propose an \$11M cut to the Office of Minority Health—health equity is critical. A: I'm committed to working on health disparities.
- But Mr Secretary, how can you say that when you're making an \$11M cut? A: it's a tough budget time, so we have make tough decisions. Sometimes in this town, we measure the wrong things. Shouldn't just throw money at the problem. Identify the metrics, data and work from there.

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**From:** Klimczak, Kate (HHS/ASFR)

**Sent:** Wednesday, March 29, 2017 10:52 AM

**To:** Moughalian, Jen (HHS/ASFR); OS - Budget Office Managers; Donley, Katherine (HHS/ASFR); Rice, Peggie (HHS/ASFR); Williams, Cameron (HHS/ASFR); Klimczak, Kate (HHS/ASFR)

**Cc:** Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Horn, Wade (HHS/IOS) (CTR); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Agnew, Ann (HHS/IOS); Murphy, Ryan (OS/ASPA); Lloyd, Matt (OS/ASPA); Arbes, Sarah (HHS/ASL); Morse, Sara (HHS/ASL); Bult, Nathan (OS/ASPA); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR)

**Subject:** RE: Live Updates from LHHS Hearing

Secretary Price delivered his opening statement.

First round of Qs (Cole, DeLauro, Lowey, Simpson)

Chairman Cole Questions

- Can you please describe how you proposed budget would enable the U.S. to maintain the biomedical research enterprise and continue progress in developing new treatments and cures within this funding level? A: Agrees on the importance of NIH and the research is critical. Wants to support young and old investigators and scientists. However, was struck was duplication and redundancies at NIH—wants to make sure there is a stronger return on dollars invested at NIH.

- Emergency & Preparedness—Cole asked how Secretary Price will ensure emergency preparedness and response at the topline number. A: Very impressed with the employees at HHS that work to protect the nation. Our goal is to make sure we have the dollars to make sure the country is safe.

Cole: When you present the full FY18 Budget—please keep in mind what an important role CDC plays in protecting the nation. NIH gets a lot of attention, but CDC is critical.

Ranking Member DeLauro

- Cost sharing—DeLauro asked a number of questions about defending and continuing cost-sharing payments for consumers. A: Secretary Price: I cannot comment.
- Will you uphold the laws of the land, even if you don't agree? A: that is my role
- Including the individual mandate? A: It is my role to uphold the law.
- Individual mandate critical to premiums. Will you enforce current law to prevent premium hikes?
- HHS OIG is investigating ending of ACA open enrollment advertising. Will you commit to not doing that again? A: I have not had any discussions on that—it happened before my arrival. It is my commitment to make sure the American people have access to coverage.
- Have you engaged with insurers across the country? A: Yes, I've met with many companies. I've been hearing about their concerns with the marketplaces.
- What about a public option? A: We need to make sure every American has access to affordable coverage.
- DO you want to repeal, or strengthen or improve? A: I'm working to make sure every American has access.

Ranking Member Lowey:

- Does the Administration agree women should pay more for health insurance? A: All Americans should have access to the care they want.
- Does the Administration believe maternity care should be covered under the law? A: All Americans should have access to the care they want and need. American people should have choices.
- Preexisting conditions? A: the Administration believes everyone should have access to care
- Title X, does the FY2018 Budget maintain funding for the Title X family planning program. A: This program is important. One of the priorities of this Budget is that direct services are a priority. There are ongoing conversations about the final Budget coming out in May. I looking forward to working with you.
- Are you hesitant to tell the Committee that your Budget will cut this program? A: I want to have a real conversation and discussion with you. The final Budget will come out in mid-May.
- Will you commit to making sure contraception is covered. A: Individuals should have access to the kind of coverage they want. American people should have choices.

Mrs. Lowey invited Secretary Prices to a Title X facility in New York.

Rep Simpson:

- Do you believe all Americans should have access to health care. A: Yes
- Do you believe that Americans are smart enough to determine what's in their best interest, without the government interfering? A: Yes
- Will you work with me to restores a Chief Dental Officer at HRSA? A: Yes, I'm happy to work with you. Don't see any reason why we can't do that.
- Can you discuss what you mean by reorganization at NIH?
- NIH is the nation's best kept secret. We need to let folks know about all the great work. Secretary Price agreed—need to let taxpayers know the great work going on with their tax dollars.

From: Klimczak, Kate (HHS/ASFR)

Sent: Wednesday, March 29, 2017 10:24 AM



**To:** Moughalian, Jen (HHS/ASFR); OS - Budget Office Managers; Donley, Katherine (HHS/ASFR); Rice, Peggie (HHS/ASFR); Williams, Cameron (HHS/ASFR)

**Cc:** Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Horn, Wade (HHS/IOS) (CTR); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Agnew, Ann (HHS/IOS); Murphy, Ryan (OS/ASPA); Lloyd, Matt (OS/ASPA); Arbes, Sarah (HHS/ASL); Morse, Sara (HHS/ASL); Bult, Nathan (OS/ASPA); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR); Klimczak, Kate (HHS/ASFR)

**Subject:** RE: Live Updates from LHHS Hearing

Full Committee Ranking Member Lowey is giving her opening remarks

- Cited numerous HHS programs she believes would be harmed by FY18 Budget Blueprint
- Would like to work with Republicans to strengthen the healthcare system; disappointed to hear the Majority in Congress is still working to repeal the ACA
- Lowey will call out any attempts by the Department to undermine healthcare coverage
- Hopes the Secretary will return to testify on the full Budget when it is released in May

Secretary Price will now deliver his testimony.

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**From:** Klimczak, Kate (HHS/ASFR)

**Sent:** Wednesday, March 29, 2017 10:19 AM

**To:** Moughalian, Jen (HHS/ASFR); OS - Budget Office Managers; Donley, Katherine (HHS/ASFR); Rice, Peggie (HHS/ASFR); Williams, Cameron (HHS/ASFR); Klimczak, Kate (HHS/ASFR)

**Cc:** Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Schaefer, Nina (HHS/IOS); Horn, Wade (HHS/IOS) (CTR); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Street, Amanda (HHS/IOS); Agnew, Ann (HHS/IOS); Murphy, Ryan (OS/ASPA); Lloyd, Matt (OS/ASPA); Arbes, Sarah (HHS/ASL); Morse, Sara (HHS/ASL); Bult, Nathan (OS/ASPA); Cochran, Norris (HHS/ASFR); Coughlin, Janis (HHS/ASFR); Pollock, Rachel (HHS/ASFR)Ranking

**Subject:** Re: Live Updates from LHHS Hearing

Members in attendance: Cole, Simpson, Womack, Harris, Herrera Beutler, Moolenaar

Minority: DeLauro, Lowey, Roybal-Allard, Lee, Pocan, Clark

Ranking Member DeLauro is giving her opening statement.

- Hopes the Secretary will work to strengthen and improve the ACA.
- Believes the FY18 budget is a disaster.
- strongly opposes proposed cuts to NIH in FY17. Would like the Secretary to commit to not cutting NIH in FY17 or FY18
- DeLauro concerned about cuts to numerous programs in Budget. Declared Budget dead on arrival.
- Would like to know if Secretary Price truly believes in all the Budget cuts
- Wants Secretary to return in May to testify on full budget.

On Mar 29, 2017, at 10:09 AM, Klimczak, Kate (HHS/ASFR) <[Kate.Klimczak@hhs.gov](mailto:Kate.Klimczak@hhs.gov)> wrote:

Good morning,  
Chairman Cole has gavelled the hearing into order.

- Cole is giving his opening statement. Gives the Administration some latitude but concerned about cuts.



- Congress is working on finishing up FY17. Noted there would be substantial increase for NIH and CDC. He believes these agencies are critical to protecting the Nation.

- willing to work with Administration on the cuts but not at the expense of biomedical research and emergency preparedness.

- Cuts need to be spread more broadly.

- Chairman Cole looking forward to an excellent working relationship with Secretary Price.

On Mar 28, 2017, at 6:07 PM, Moughalian, Jen (HHS/ASFR) <[Jen.Moughalian@hhs.gov](mailto:Jen.Moughalian@hhs.gov)> wrote:

Hi all –

Kate Klimczak from ASFR is attending tomorrow's LHHS Hearing and will be emailing out live updates. She'll include everyone on this distribution list unless you reply and let us know you DON'T want to receive the updates.

Thanks Kate!

Jen Moughalian  
US Department of Health and Human Services  
202-690-6861 (Office)  
(b)(6) (Cell)

## Bell, Michael (OS/ASPA)

---

**From:** Powers, Mary (HHS/IOS)  
**Sent:** Wednesday, March 22, 2017 3:46 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** FW: ACF FOA and Events Lists  
**Attachments:** Policy Team Updates - Weekly DGP Summary FOA Report - 03-15-2017\_With status notes.xlsx; ACF Sponsored Events\_FY 2017\_Compiled Responses.xlsx

Hey Maggie, Just wanted to make sure you had this. MP

---

**From:** Mella, Emily (ACF)  
**Sent:** Wednesday, March 22, 2017 3:35 PM  
**To:** Pilato, Anna (ACF); Powers, Mary (HHS/IOS); Negri III, Warren A. (ACF)  
**Cc:** Barlow, Amanda (ACF)  
**Subject:** ACF FOA and Events Lists

Hi Anna, Mary and Warren,

The two lists that Amanda mentioned this morning are attached:

1. List of expected ACF Funding Opportunity Announcements (FOAs) for FY 2017
2. List of ACF-sponsored events (April – September 2017)

I printed hard copies that I will deliver momentarily. Please let me know if I can answer any questions or provide additional information about either spreadsheet.

Warm Regards,  
Emily

### Emily Mella

Special Assistant | Office of the Assistant Secretary  
Administration for Children and Families | Department of Health and Human Services  
330 C Street, SW, Washington, DC 20201  
**Office:** (202)401-2346  
**Blackberry:** (b)(6)  
[emily.mella@acf.hhs.gov](mailto:emily.mella@acf.hhs.gov)

## Bell, Michael (OS/ASPA)

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**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Friday, September 01, 2017 8:10 PM  
**To:** Stevenson, Sarah-Lloyd (HHS/IOS); Smith, Andrew (HHS/IOS)  
**Subject:** FW: adoptive and foster families  
**Attachments:** Proposed Adoption Event 3.pdf; Proposed Adoption Event 2.pptx; Proposed Adoption Event 1.docx

(b)(5)



If it doesn't work for that, please make sure folks know about the planned event in the Great Hall in November and check with ACF as to whether the Secretary was invited.

---

**From:** Milner, Jerry (ACF)  
**Sent:** Wednesday, August 02, 2017 3:00 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** RE: adoptive and foster families

(b)(5)



(b)(5)

Just for reference and timing of an event, November is National Adoption Month and we have a scheduled event in the Great Hall at Humphrey on November 16<sup>th</sup>. At that event, we plan to announce and present the Adoption Excellence Awards, show our recent PSA's, and include spokesfamilies and youth speakers. If Administration officials would like to participate/speak, this would be a good opportunity.

I hope this information will be helpful. Please let me know if you have questions or need something more. Jerry

---

**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Friday, July 28, 2017 9:21 AM  
**To:** Milner, Jerry (ACF)  
**Subject:** RE: adoptive and foster families

Hi Jerry,

(b)(5)



Thanks,

Maggie

*Deliberative and pre-decisional communication*

---

**From:** Milner, Jerry (ACF)  
**Sent:** Tuesday, July 25, 2017 9:03 AM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** adoptive and foster families

(b)(5)

(b)(5)

Thx. Jerry

**Jerry Milner**

Acting Commissioner, Administration for Children and Families  
Associate Commissioner, Children's Bureau  
Administration on Children and Families  
Department of Health and Human Services  
330 C St., SW, Washington, DC, 20024  
(202) 205-8618  
[Jerry.Milner@acf.hhs.gov](mailto:Jerry.Milner@acf.hhs.gov)



**Bell, Michael (OS/ASPA)**

**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Friday, September 01, 2017 7:56 PM  
**To:** Stevenson, Sarah-Lloyd (HHS/IOS); Smith, Andrew (HHS/IOS)  
**Subject:** FW: ASPA Human Services Calendar for Friday, September 1, 2017

Re event planning, see the listing for September 21!

**From:** Daniels, Carla (HHS/ASPA)  
**Sent:** Friday, September 01, 2017 4:07 PM  
**To:** ASPA Strategic Planning  
**Subject:** ASPA Human Services Calendar for Friday, September 1, 2017

	Monday	Tuesday	Wednesday	Thursday	Friday	TBD
<b>Sept.</b> <a href="#">National Recovery Month</a>	4	5 (IHS) Patient Wait Time Policy  (OCR) Information is Powerful Medicine Campaign Launch	6 (SAMHSA) Targeted Capacity Expansion HIV Program: Substance Use Disorder Treatment for Racial/Ethnic Minorities Population at high risk for HIV/AIDS (TCE-HIV: High Risk Populations)  (SAMHSA) Grants for the Benefit of Homeless Individuals (GBHI)  (SAMHSA) Resiliency in Communities After Stress and Trauma (ReCAST)	7 (SAMHSA) NSDUH Press Conference	8 OMH/SAMHSA Roadmap to Behavioral Health: A Guide to Using Mental Health and Substance Abuse Services	 (SAMHSA) Substance Abuse and HIV Prevention Navigator Program for Racial/Ethnic minorities, ages 13-24, Cooperative agreement (Prevention Navigator)  (SAMHSA) Cooperative Agreements for Tribal Behavioral Health (Native Connections)

	Monday	Tuesday	Wednesday	Thursday	Friday	TBD
Suicide Prevention Week	11 Suicide Prevention Blog (SAMHSA) Zero Suicide (SAMHSA) Cooperative Agreement to Implement the National Strategy for Suicide Prevention (National Strategy Grants)	12	13	14	15 IHS Awards Tribal Management Grants to Support Tribal Self-Determination (SAMHSA) First responders comprehensive addiction and recovery act cooperative agreement (SAMHSA) MAT-PDOA (SAMHSA) Improving Access to overdose treatment (SAMHSA) Comprehensive Addiction and Recovery Act: Building Communities of Recovery (BCOR) (SAMHSA) Comprehensive Addiction and Recovery Act: State Pilot Grant Program for Treatment of Pregnant and Postpartum Women (PPW-PLT)	
	18	19	20	21 2017 ACF National Adoption Campaign Launch	22	

*Carla L. Daniels*  
*Public Affairs Specialist*  
*U.S. Department of Health and Human Services*  
*OS/ASPA*  
*Office: 202-690-4595*  
*Cell: (b)(6)*  
[www.hhs.gov/news](http://www.hhs.gov/news)

## Bell, Michael (OS/ASPA)

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**From:** Stannard, Paula (HHS/IOS)  
**Sent:** Wednesday, May 17, 2017 12:41 PM  
**To:** Gartland, Molly (HHS/IOS); Leggitt, Lance (HHS/IOS); Skrzycki, Kristin (HHS/IOS); Brooks, John (HHS/IOS); Lenihan, Keagan (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Schaefer, Nina (HHS/IOS); Wynne, Maggie (HHS/IOS); Caliguiri, Laura (HHS/IOS)  
**Subject:** RE: Secretary Event Proposals  
**Attachments:** Copy of Copy of HHS Calendar 2016-2017 FINAL.XLSX

Attached is the calendar of HHS-related events from 2016 and projected 2017 events or observances. This calendar was assembled in the first weeks of the Administration by our overworked beachhead team, so it may make sense for there to be a review and expansion of the 2017 calendar. But it may give us some ideas for events.

Paula

---

**From:** Stannard, Paula (HHS/IOS)  
**Sent:** Wednesday, May 17, 2017 12:29 PM  
**To:** Gartland, Molly (HHS/IOS); Leggitt, Lance (HHS/IOS); Skrzycki, Kristin (HHS/IOS); Brooks, John (HHS/IOS); Lenihan, Keagan (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Schaefer, Nina (HHS/IOS); Wynne, Maggie (HHS/IOS); Caliguiri, Laura (HHS/IOS)  
**Subject:** Secretary Event Proposals

Attached are my three event proposals. (b)(5)

(b)(5)

I will circulate to this group the calendar of annual events that we prepared early in the Beachhead period. It could probably use some further updating and expansion, but it may give us some ideas as to where we could create or expand on events for the Secretary or the White House.

Paula



## Bell, Michael (OS/ASPA)

---

**From:** Morse, Sara (HHS/ASL)  
**Sent:** Friday, September 22, 2017 5:28 PM  
**To:** Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Stannard, Paula (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Wynne, Maggie (HHS/IOS)  
**Cc:** Moughalian, Jen (HHS/ASFR); Arbes, Sarah (HHS/ASL); Palmer, Ashley (OS/ASFR)  
**Subject:** ASL ASFR Weekly Tracker \_ Week of September 18 2017  
**Attachments:** ASL ASFR Weekly Tracker \_ Week of September 18 2017.docx; Correspondence Report Week of September 18 2017.pdf

Good afternoon,  
Attached please find the weekly ASL/ASFR congressional tracker memo and correspondence log.  
Please let us know if you have any questions.  
Have a great weekend,  
Sara

\*\*\*\*\*

Sara Morse  
Deputy Assistant Secretary for Legislation-Congressional Liaison  
U.S. Department of Health and Human Services  
202-260-7005  
[Sara.Morse@hhs.gov](mailto:Sara.Morse@hhs.gov)

**Bell, Michael (OS/ASPA)**

---

**From:** Morse, Sara (HHS/ASL)  
**Sent:** Friday, September 15, 2017 3:23 PM  
**To:** Lenihan, Keagan (HHS/IOS); Schaefer, Nina (HHS/IOS); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Stannard, Paula (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS)  
**Cc:** Arbes, Sarah (HHS/ASL); Moughalian, Jen (HHS/ASFR); Palmer, Ashley (OS/ASFR)  
**Subject:** ASL ASFR Weekly Tracker  
**Attachments:** ASL ASFR Weekly Tracker \_ Week of September 11 2017.docx; Correspondence Report Week of September 11 2017.pdf

Afternoon,  
Attached please find the weekly ASL ASFR Congressional tracker memo and correspondence log.  
Please let us know if you have any questions.  
Have a great weekend!  
Sara

\*\*\*\*\*

Sara Morse  
Deputy Assistant Secretary for Legislation-Congressional Liaison  
U.S. Department of Health and Human Services  
202-260-7005  
[Sara.Morse@hhs.gov](mailto:Sara.Morse@hhs.gov)

**Bell, Michael (OS/ASPA)**

---

**From:** Morse, Sara (HHS/ASL)  
**Sent:** Tuesday, September 05, 2017 9:11 AM  
**To:** Lenihan, Keagan (HHS/IOS); Stannard, Paula (HHS/IOS); Schaefer, Nina (HHS/IOS); Wynne, Maggie (HHS/IOS); Brooks, John (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS)  
**Subject:** ASL/ASFR Weekly Congressional Report  
**Attachments:** Correspondence Report Week of August 28 2017.pdf; ASL ASFR Weekly Tracker \_ Week of August 28 2017.docx

Attached please find the ASL/ASFR Weekly Congressional tracker memo and correspondence log.

Thanks,  
Sara

\*\*\*\*\*

Sara Morse  
Deputy Assistant Secretary for Legislation-Congressional Liaison  
U.S. Department of Health and Human Services  
202-260-7005  
[Sara.Morse@hhs.gov](mailto:Sara.Morse@hhs.gov)

## Bell, Michael (OS/ASPA)

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**From:** OS HHSPress (HHS/ASPA)  
**Sent:** Wednesday, September 13, 2017 7:20 PM  
**To:** OS HHSPress (HHS/ASPA); OS - ASPA - Clearance; OS - ASPA - Human Services Clearance; OS - ASPA - Public Health Clearance; Lapinski, Mary-Sumpter (HHS/IOS)  
**Cc:** Brennan, Patrick (OS/ASPA); Bult, Nathan (OS/ASPA); Avula, Deepa (SAMHSA/OFR); Hendriksson, Marla (SAMHSA/OC); Walls, Phillip (SAMHSA/OC); Dominguez, Brian (SAMHSA/OC); Riccio, Peggy (SAMHSA/OC); Lodato, August (SAMHSA/OC); Oakley, Caitlin B. (OS/ASPA); Tatem, Anne (HHS/ASL); Kemper, Laura (HHS/ASL); Donley, Katherine (HHS/ASFR); Weber, Mark (HHS/ASPA); Barber, Daniel (OS/IEA); Pollock, Rachel (HHS/ASFR)  
**Subject:** CLEARANCE\_0943: Draft press release opioid bundle - 2nd Round Review  
**Attachments:** Opioid-grantees-city-state-amount.xlsx; Draft 3 press release opioid bundle CD.docx; draftRolloutopioidgrants09-13-17.docx  
  
**Importance:** High

**\*\*This is a second round review\*\***

Agency/Office: SAMHSA/ HHS

Subject (or headline): HHS commits over \$144.1 million in additional funding for opioid crisis

Material: Draft news release, rollout plan, list of grantees

Deadline for comments: **12pm, Thursday, September 14**

Planned release date: Friday, Sept. 15

*Carla L. Daniels*  
*Public Affairs Specialist*  
*U.S. Department of Health and Human Services*  
*OS/ASPA*  
*Office: 202-690-4595*  
*Cell: (b)(6)*  
[www.hhs.gov/news](http://www.hhs.gov/news)



**From:** HHS Office of Public Affairs <hhsopa@hhs.gov>  
**Sent:** Wednesday, May 31, 2017 11:11 AM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** HHS announces over \$70 million in grants to address the opioid crisis



U.S. Department of Health and Human Services

## News Release

202-690-6343

[media@hhs.gov](mailto:media@hhs.gov)

[www.hhs.gov/news](http://www.hhs.gov/news)

Twitter [@HHSMedia](https://twitter.com/HHSMedia)

### FOR IMMEDIATE RELEASE

Wednesday, May 31, 2017

#### **HHS announces over \$70 million in grants to address the opioid crisis**

Health and Human Services Secretary Tom Price, M.D., today announced the availability of over \$70 million over multiple years to help communities and healthcare providers prevent opioid overdose deaths and provide treatment for opioid use disorder, of which \$28 million will be dedicated for medication-assisted treatment (MAT).

“Putting an end to the opioid crisis ravaging our country is a top priority for President Trump and all of us at the Department of Health and Human Services,” said HHS Secretary Tom Price. “We are committed to bringing everything the federal government has to bear on this health crisis. Building partnerships and providing resources to state and local governments as well as non-government organizations are absolutely critical to this effort. The purpose of these grants is to empower the heroes in this fight—the men and women on the forefront of supporting prevention, treatment, and recovery initiatives in their communities.”

Opioid overdoses claimed more than 33,000 lives in 2015, but preventive actions, treatment for addiction, and proper response to overdoses can help. Money from two grant funding opportunities, recently authorized by the Comprehensive Addiction and Recovery Act (CARA), will expand access to lifesaving overdose reversal medications and train healthcare providers to refer patients to appropriate follow-up drug treatment; funds from a third grant funding opportunity will provide for medication-assisted treatment of opioid use disorders.

The announcement followed a separate award of \$485 million in grants in April 2017—provided by the 21<sup>st</sup> Century Cures Act—to all 50 states, the District of Columbia, four U.S. territories, and the free associated states of Palau and Micronesia for opioid abuse

prevention, treatment, and recovery. Administered through the Substance Abuse and Mental Health Services Administration (SAMHSA), these funds will be made available through the following three grants:

- **Medication-Assisted Treatment and Prescription Drugs Opioid Addiction:** Up to \$28 million to 5 grantees to increase access of medication-assisted treatment for opioid use disorder. Medication-assisted treatment combines behavioral therapy and FDA-approved medication.
- **First Responders:** Up to \$41.7 million over 4 years available to approximately 30 grantees to train and provide resources for first responders and members of other key community sectors on carrying and administering an FDA approved product for emergency treatment of known or suspected opioid overdose.
- **Improving Access to Overdose Treatment:** Up to \$1 million over 5 years to one grantee to expand availability to overdose reversal medications in healthcare settings and to establish protocols to connect patients who have experienced a drug overdose with appropriate treatment.

“The grants we announce today clearly demonstrate our efforts to meet the opioid crisis with every tool at our disposal,” said SAMHSA Acting Deputy Assistant Secretary Kana Enomoto. “The evidence-based training, medication, and behavioral therapies provided here will save lives and help people with addictions start a path toward reaching their potential.”

Additionally, on May 4, SAMHSA released two other Comprehensive Addiction and Recovery Act-related funding opportunities. These funding opportunities will be open through July 3, 2017:

- **State Pilot Grant Program for Treatment for Pregnant and Postpartum Women:** Up to \$3.3 million to support a range of family-based services for pregnant and postpartum women with substance use disorder.
- **Building Communities of Recovery:** Up to \$2.6 million to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from substance abuse and addiction.

The Trump Administration and Health and Human Services Secretary Tom Price have identified the opioid crisis as one of the top priorities for improving the health of the American people. HHS has outlined five specific strategies to combat the ongoing opioid crisis: strengthening public health surveillance, advancing the practice of pain management, improving access to treatment and recovery services, targeting availability and distribution of overdose-reversing drugs, and supporting cutting-edge research. With the completion of the fiscal year 2017 spending package passed by Congress, HHS moved quickly to announce these funding opportunities which are critical to improving access to treatment and recovery services as well as targeting availability and distribution of overdose-reversing drugs.

#### HOW TO APPLY:

Please review the funding opportunity announcements at [SAMHSA's 2017 grant announcements page](#). Applicants with questions about program issues should contact the program person listed in the funding announcement. The deadline to apply may differ

depending on the funding announcement. For questions on grants management issues contact Eileen Bermudez at (240) 276-1412 or [FOACSAP@samhsa.hhs.gov](mailto:FOACSAP@samhsa.hhs.gov) or [FOACSAT@samhsa.hhs.gov](mailto:FOACSAT@samhsa.hhs.gov).

###

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U.S. Department of Health and Human Services (HHS), 200 Independence Avenue, SW 6th Floor Room 647-D, Washington, DC 20201 United States

**From:** HHS Office of Public Affairs <hhsopa@hhs.gov>  
**Sent:** Friday, September 15, 2017 11:38 AM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** UPDATED HHS commits \$144.1 million in additional funding for opioid crisis



U.S. Department of Health and Human Services

## News Release

202-690-6343

[media@hhs.gov](mailto:media@hhs.gov)

[www.hhs.gov/news](http://www.hhs.gov/news)

Twitter [@HHSMedia](https://twitter.com/HHSMedia)

### FOR IMMEDIATE RELEASE

Friday, September 15, 2017

#### UPDATED

HHS commits \$144.1 million in additional funding for opioid crisis

The U.S. Department of Health and Human Services has awarded an additional \$144.1 million in grants to prevent and treat opioid addiction in support of President Trump's commitment to combat the opioid crisis. The grants will be administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).

"Those supporting prevention, treatment, and recovery efforts in our local communities are heroes in our nation's battle against the opioid crisis," said HHS Secretary Tom Price, M.D. "On our nationwide listening tour, we have heard how critical federal resources can empower their efforts to meet the challenges of substance abuse and addiction, especially with the opioid crisis. These grants will help expand treatment and recovery services to pregnant and postpartum women who are struggling with substance abuse, train our first responders to effectively use overdose reversing drugs, improve access to medication-assisted treatment, and increase long term recovery services. Together, we can heal communities and save lives."

According to SAMHSA's National Survey on Drug Use and Health, in 2016 an estimated 11.8 million people misused opioids in the past year, including prescription pain relievers and heroin. Preliminary data from the Centers for Disease Control and Prevention for 2016 suggests the number of drug overdose deaths, most of them due to opioids will likely top 60,000.

"Opioid use disorders continue to plague our nation," said Dr. Elinore McCance-Katz, Assistant Secretary for Mental Health and Substance Use. "These funds will support and



expand prevention, treatment and recovery services in America's communities."

The first four of the six grant programs listed below were authorized in the Comprehensive Addiction and Recovery Act (CARA) of 2016, (P.L. 114-198). CARA authorized funding to fight the opioid epidemic through prevention, treatment, recovery, overdose reversal, and other efforts. The fifth grant program listed, Medication Assisted Treatment (MAT), received an increase in funding for opioids in the fiscal year 2017 Omnibus Appropriations bill.

SAMHSA is issuing the funding through the six grant programs listed below in the following amounts:

- **First Responders – Comprehensive Addiction and Recovery Act - \$44.7 million.** The purpose of this program is to provide training and medication for emergency treatment of opioid overdose.  
<https://www.samhsa.gov/grants/awards/2017/SP-17-005>
- **State Pilot Grant for Treatment of Pregnant and Postpartum Women - Comprehensive Addiction and Recovery Act - \$9.8 million.** The purpose of the program is to support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders. <https://www.samhsa.gov/grants/awards/2017/TI-17-016>
- **Building Communities of Recovery - Comprehensive Addiction and Recovery Act - \$4.6 million.** The purpose of this program is to increase the availability of long-term recovery support for substance abuse and addiction.  
<https://www.samhsa.gov/grants/awards/2017/TI-17-015>
- **Improving Access to Overdose Treatment - Comprehensive Addiction and Recovery Act - \$1 million.** The purpose of this program is to expand access to FDA-approved drugs or devices for emergency treatment of opioid overdose.  
<https://www.samhsa.gov/grants/awards/2017/SP-17-006>
- **Targeted Capacity Expansion: Medication Assisted Treatment (MAT) – Prescription Drug and Opioid Addiction - \$35 million.** The purpose of this program is to expand access to medication-assisted treatment for persons with an opioid use disorder seeking treatment.  
<https://www.samhsa.gov/grants/awards/2017/TI-17-017>
- **Services Grant Program for Residential Treatment for Pregnant and Postpartum Women - \$49 million.** The purpose of this program is to expand services for women and their children in residential substance abuse treatment facilities, among other services. <https://www.samhsa.gov/grants/awards/2017/TI-17-007>

The funding will be distributed to 58 recipients, including states, cities, healthcare providers and community organizations. The funds will be awarded for three to five years, subject to availability and depending on the program.

Earlier this year, HHS Secretary Price outlined five strategies to provide the Department with a comprehensive framework to combat the ongoing opioid crisis: improving access to prevention, treatment, and recovery services, including the full range of MAT; targeting the availability and distribution of overdose-reversing drugs; strengthening public health data and reporting; supporting cutting-edge research on pain and addiction; and advancing the practice of pain management.

These awards follow a separate award of \$485 million in grants in April 2017 – provided by the 21<sup>st</sup> Century Cures Act – to all 50 states, the District of Columbia, four U.S. territories, and the free associated states of Palau and Micronesia by SAMHSA for opioid abuse prevention, treatment, and recovery.

###

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U.S. Department of Health and Human Services (HHS), 200 Independence Avenue, SW 6th Floor Room 647-D, Washington, DC 20201 United States

## Bell, Michael (OS/ASPA)

---

**From:** OS HHSPress (HHS/ASPA)  
**Sent:** Tuesday, September 12, 2017 3:01 PM  
**To:** OS - ASPA - Clearance; OS - ASPA - Human Services Clearance; OS - ASPA - Public Health Clearance; Lapinski, Mary-Sumpter (HHS/IOS)  
**Cc:** OS HHSPress (HHS/ASPA); Brennan, Patrick (OS/ASPA)  
**Subject:** CLEARANCE\_0943: Draft press release opioid bundle  
**Attachments:** **Draft** press release opioid bundle.docx  
**Importance:** High

Agency/Office: SAMHSA

Subject (or headline): HHS commits over (b)(5) million in additional funding for opioid crisis

Material: **Draft** news release

Deadline for comments: 10AM, Thursday, Sept. 14

Planned release date: Friday, Sept. 15

*Carla L. Daniels*  
*Public Affairs Specialist*  
*U.S. Department of Health and Human Services*  
*OS/ASPA*  
*Office: 202-690-4595*  
*Cell: (b)(6)*  
[www.hhs.gov/news](http://www.hhs.gov/news)

## Bell, Michael (OS/ASPA)

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**From:** Smith, Amanda (OS/ASPA)  
**Sent:** Saturday, October 28, 2017 12:58 PM  
**To:** Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Trueman, Laura (HHS/IEA); Schaefer, Nina (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Vafiades, Mark (HHS/OASH); Stannard, Paula (HHS/IOS); Bowman, Matthew (HHS/OGC); Brooks, John (HHS/IOS); Flick, Heather (OS/OGC); Wynne, Maggie (HHS/IOS); Lenihan, Keagan (HHS/IOS); Arbes, Sarah (HHS/ASL); Morse, Sara (HHS/ASL); Kemper, Laura (HHS/ASL)  
**Cc:** Lloyd, Matt (OS/ASPA); Murphy, Ryan (OS/ASPA); Oakley, Caitlin B. (OS/ASPA); Bult, Nathan (OS/ASPA); Brennan, Patrick (OS/ASPA); Smith, Gavin (OS/ASPA); Barber, Daniel (OS/IEA); Brady, Will (HHS/IOS); Lifshitz, Mariel (SAMHSA); Seidel, Elizabeth (OS/IEA); Pasch, David (OS/ASPA); Gartland, Molly (HHS/IOS)  
**Subject:** FOR REVIEW by 4pm: Opioid Roundtable Readouts  
**Attachments:** KY Opioids Roundtable Readout\_10.28.17.docx; SG\_PhoenixHouse Readout\_10.28.17.docx; NH Opioids Readout\_10.28.17.docx

All, attached please find three readouts covering the KY, NH, and VA visits yesterday.

Please review and provide **any edits or comments by 4pm today.**

Appreciate your help with this tight turn around today!

Thanks,  
Amanda

--

**Amanda J. Smith**

Office of the Assistant Secretary for Public Affairs

Department of Health and Human Services

Office: (202) 401-5268 | Cell: (b)(6)

[Amanda.smith@hhs.gov](mailto:Amanda.smith@hhs.gov)





## Bell, Michael (OS/ASPA)

---

**From:** OS HHSPress (HHS/ASPA)  
**Sent:** Wednesday, September 13, 2017 3:30 PM  
**To:** OS HHSPress (HHS/ASPA); OS - ASPA - Clearance; OS - ASPA - Human Services Clearance; OS - ASPA - Public Health Clearance; Lapinski, Mary-Sumpter (HHS/IOS)  
**Cc:** Brennan, Patrick (OS/ASPA)  
**Subject:** RE: CLEARANCE\_0943: Draft press release opioid bundle  
**Attachments:** Draft press release opioid bundle.docx

Most reviewers have provided comment, thank you. If you have not, please provide comments by **5pm Today, Wednesday, Sept. 13**

*Carla L. Daniels*  
*Public Affairs Specialist*  
*U.S. Department of Health and Human Services*  
*OS/ASPA*  
*Office: 202-690-4595*  
*Cell: (b)(6)*  
[www.hhs.gov/news](http://www.hhs.gov/news)

---

**From:** OS HHSPress (HHS/ASPA)  
**Sent:** Tuesday, September 12, 2017 3:01 PM  
**To:** OS - ASPA - Clearance; OS - ASPA - Human Services Clearance; OS - ASPA - Public Health Clearance; Lapinski, Mary-Sumpter (HHS/IOS)  
**Cc:** OS HHSPress (HHS/ASPA); Brennan, Patrick (OS/ASPA)  
**Subject:** CLEARANCE\_0943: **Draft** press release opioid bundle  
**Importance:** High

Agency/Office: SAMHSA

Subject (or headline): HHS commits over (b)(5) million in additional funding for opioid crisis

Material: **Draft** news release

Deadline for comments: ~~10AM, Thursday, Sept. 14~~

Planned release date: Friday, Sept. 15

*Carla L. Daniels*  
*Public Affairs Specialist*  
*U.S. Department of Health and Human Services*  
*OS/ASPA*  
*Office: 202-690-4595*  
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[www.hhs.gov/news](http://www.hhs.gov/news)

(b)(5)

Please review and provide **any edits or comments by 4pm today.**

Appreciate your help with this tight turn around today!

Thanks,  
Amanda

--

**Amanda J. Smith**

Office of the Assistant Secretary for Public Affairs

Department of Health and Human Services

Office: (202) 401-5268 | Cell: (b)(6)

[Amanda.smith@hhs.gov](mailto:Amanda.smith@hhs.gov)

## Bell, Michael (OS/ASPA)

---

**From:** Stannard, Paula (HHS/IOS)  
**Sent:** Saturday, October 28, 2017 3:17 PM  
**To:** Bowman, Matthew (HHS/OGC); Smith, Amanda (OS/ASPA); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Trueman, Laura (HHS/IEA); Schaefer, Nina (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Vafiades, Mark (HHS/OASH); Brooks, John (HHS/IOS); Flick, Heather (OS/OGC); Wynne, Maggie (HHS/IOS); Lenihan, Keagan (HHS/IOS); Arbes, Sarah (HHS/ASL); Morse, Sara (HHS/ASL); Kemper, Laura (HHS/ASL)  
**Cc:** Lloyd, Matt (OS/ASPA); Murphy, Ryan (OS/ASPA); Oakley, Caitlin B. (OS/ASPA); Bult, Nathan (OS/ASPA); Brennan, Patrick (OS/ASPA); Smith, Gavin (OS/ASPA); Barber, Daniel (OS/IEA); Brady, Will (HHS/IOS); Lifshitz, Mariel (SAMHSA); Seidel, Elizabeth (OS/IEA); Pasch, David (OS/ASPA); Gartland, Molly (HHS/IOS)  
**Subject:** RE: FOR REVIEW by 4pm: Opioid Rountable Readouts  
**Attachments:** NH Opioids Readout\_10.28.17 ps edits.docx; SG\_PhoenixHouse Readout\_10.28.17 ps edits.docx; KY Opioids Roundtable Readout\_10.28.17 ps edits.docx

Some comments in the attached.

Paula

---

**From:** Bowman, Matthew (HHS/OGC)  
**Sent:** Saturday, October 28, 2017 2:39 PM  
**To:** Smith, Amanda (OS/ASPA); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Trueman, Laura (HHS/IEA); Schaefer, Nina (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Vafiades, Mark (HHS/OASH); Stannard, Paula (HHS/IOS); Brooks, John (HHS/IOS); Flick, Heather (OS/OGC); Wynne, Maggie (HHS/IOS); Lenihan, Keagan (HHS/IOS); Arbes, Sarah (HHS/ASL); Morse, Sara (HHS/ASL); Kemper, Laura (HHS/ASL)  
**Cc:** Lloyd, Matt (OS/ASPA); Murphy, Ryan (OS/ASPA); Oakley, Caitlin B. (OS/ASPA); Bult, Nathan (OS/ASPA); Brennan, Patrick (OS/ASPA); Smith, Gavin (OS/ASPA); Barber, Daniel (OS/IEA); Brady, Will (HHS/IOS); Lifshitz, Mariel (SAMHSA); Seidel, Elizabeth (OS/IEA); Pasch, David (OS/ASPA); Gartland, Molly (HHS/IOS)  
**Subject:** Re: FOR REVIEW by 4pm: Opioid Rountable Readouts

OGC clears

---

On: 28 October 2017 12:57, "Smith, Amanda (OS/ASPA)" <[Amanda.Smith@hhs.gov](mailto:Amanda.Smith@hhs.gov)> wrote:  
All, attached please find three readouts covering the KY, NH, and VA visits yesterday.

Please review and provide **any edits or comments by 4pm today**.

Appreciate your help with this tight turn around today!

Thanks,  
Amanda

--

**Amanda J. Smith**  
Office of the Assistant Secretary for Public Affairs  
Department of Health and Human Services



Office: (202) 401-5268 | Cell: (b)(6)  
[Amanda.smith@hhs.gov](mailto:Amanda.smith@hhs.gov)

## Bell, Michael (OS/ASPA)

---

**From:** Smith, Amanda (OS/ASPA)  
**Sent:** Saturday, October 28, 2017 8:08 PM  
**To:** Lapinski, Mary-Sumpter (HHS/IOS); Stannard, Paula (HHS/IOS); Bowman, Matthew (HHS/OGC); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Trueman, Laura (HHS/IEA); Schaefer, Nina (HHS/IOS); Vafiades, Mark (HHS/OASH); Brooks, John (HHS/IOS); Flick, Heather (OS/OGC); Wynne, Maggie (HHS/IOS); Lenihan, Keagan (HHS/IOS); Arbes, Sarah (HHS/ASL); Morse, Sara (HHS/ASL); Kemper, Laura (HHS/ASL)  
**Cc:** Lloyd, Matt (OS/ASPA); Murphy, Ryan (OS/ASPA); Oakley, Caitlin B. (OS/ASPA); Bult, Nathan (OS/ASPA); Brennan, Patrick (OS/ASPA); Smith, Gavin (OS/ASPA); Barber, Daniel (OS/IEA); Brady, Will (HHS/IOS); Lifshitz, Mariel (SAMHSA); Seidel, Elizabeth (OS/IEA); Pasch, David (OS/ASPA); Gartland, Molly (HHS/IOS)  
**Subject:** RE: FOR REVIEW by 4pm: Opioid Rountable Readouts  
**Attachments:** SG\_PhoenixHouse Readout\_10.28.17\_V2.docx; KY Opioids Roundtable Readout\_10.28.17\_V3.docx; NH Opioids Readout\_10.28.17\_V3.docx

Thank you for your edits.

Please see attached for updated versions.

Amanda

---

**From:** Lapinski, Mary-Sumpter (HHS/IOS)  
**Sent:** Saturday, October 28, 2017 5:50 PM  
**To:** Stannard, Paula (HHS/IOS); Bowman, Matthew (HHS/OGC); Smith, Amanda (OS/ASPA); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Trueman, Laura (HHS/IEA); Schaefer, Nina (HHS/IOS); Vafiades, Mark (HHS/OASH); Brooks, John (HHS/IOS); Flick, Heather (OS/OGC); Wynne, Maggie (HHS/IOS); Lenihan, Keagan (HHS/IOS); Arbes, Sarah (HHS/ASL); Morse, Sara (HHS/ASL); Kemper, Laura (HHS/ASL)  
**Cc:** Lloyd, Matt (OS/ASPA); Murphy, Ryan (OS/ASPA); Oakley, Caitlin B. (OS/ASPA); Bult, Nathan (OS/ASPA); Brennan, Patrick (OS/ASPA); Smith, Gavin (OS/ASPA); Barber, Daniel (OS/IEA); Brady, Will (HHS/IOS); Lifshitz, Mariel (SAMHSA); Seidel, Elizabeth (OS/IEA); Pasch, David (OS/ASPA); Gartland, Molly (HHS/IOS)  
**Subject:** Re: FOR REVIEW by 4pm: Opioid Rountable Readouts

No additional edits

On: 28 October 2017 15:16, "Stannard, Paula (HHS/IOS)" <[Paula.Stannard@hhs.gov](mailto:Paula.Stannard@hhs.gov)> wrote:

Some comments in the attached.

Paula

---

**From:** Bowman, Matthew (HHS/OGC)  
**Sent:** Saturday, October 28, 2017 2:39 PM  
**To:** Smith, Amanda (OS/ASPA); Skrzycki, Kristin (HHS/IOS); Leggitt, Lance (HHS/IOS); Trueman, Laura (HHS/IEA); Schaefer, Nina (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Vafiades, Mark (HHS/OASH); Stannard, Paula (HHS/IOS); Brooks, John (HHS/IOS); Flick, Heather (OS/OGC); Wynne, Maggie (HHS/IOS); Lenihan, Keagan (HHS/IOS); Arbes, Sarah

(HHS/ASL); Morse, Sara (HHS/ASL); Kemper, Laura (HHS/ASL)

Cc: Lloyd, Matt (OS/ASPA); Murphy, Ryan (OS/ASPA); Oakley, Caitlin B. (OS/ASPA); Bult, Nathan (OS/ASPA); Brennan, Patrick (OS/ASPA); Smith, Gavin (OS/ASPA); Barber, Daniel (OS/IEA); Brady, Will (HHS/IOS); Lifshitz, Mariel (SAMHSA); Seidel, Elizabeth (OS/IEA); Pasch, David (OS/ASPA); Gartland, Molly (HHS/IOS)

**Subject:** Re: FOR REVIEW by 4pm: Opioid Rountable Readouts

OGC clears

---

On: 28 October 2017 12:57, "Smith, Amanda (OS/ASPA)" <[Amanda.Smith@hhs.gov](mailto:Amanda.Smith@hhs.gov)> wrote:  
All, attached please find three readouts covering the KY, NH, and VA visits yesterday.

Please review and provide **any edits or comments by 4pm today.**

Appreciate your help with this tight turn around today!

Thanks,  
Amanda

--

**Amanda J. Smith**

Office of the Assistant Secretary for Public Affairs

Department of Health and Human Services

Office: (202) 401-5268 | Cell: (b)(6)

[Amanda.smith@hhs.gov](mailto:Amanda.smith@hhs.gov)

## Bell, Michael (OS/ASPA)

---

**From:** Grove, Matthew R. (HHS/OS)  
**Sent:** Thursday, October 05, 2017 11:41 AM  
**To:** OS OGC-IO ControlDesk (HHS); Frohboese, Robinsue (HHS/OCR); Henderson, Harold (HHS/OCR); Householder, Donna (HHS/OS); East, Janet (HHS/OASH); Stallion, Vivian (HHS/OS); Sutherland, Neal (HHS/ASPE); Liebermann, Jana (HHS/ASPE); MirskyAshby, Audrey (HHS/ASPE); Varnado, Martina (FDA/OC); Russ, Wanda (FDA/OC); Koeneman, Sandy (NIH/OD) [E]; Allen-Gifford, Patrice (NIH/OD) [E]; Cashman, Sandra (CDC/OD/OCS); Toye, Sally (CDC/OD/OCS); CDC Review Clear Coordinator <rcc@cdc.gov> (rcc@cdc.gov); Czajkowski, Julie A (IHS/HQ); Buckley, Michael W. (IHS/HQ); McNulty, Amy (HRSA); Roche, Lori (HRSA); Cantwell, Kathleen M. (CMS/OSORA); McCreary, Monica (CMS/OSORA); Briscoe, Rose M. (CMS/OSORA); Reese, Lashawn (CMS/OSORA); Edmondson-Parrott, Michele D. (CMS/OSORA); Holden, Carolyn (OS/ONC); Lamadine, Beh (OS/ONC); Schaefer, Nina (HHS/IOS); Stannard, Paula (HHS/IOS); Lenihan, Keagan (HHS/IOS); Brooks, John (HHS/IOS); Wynne, Maggie (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Bell, Kathryn (HHS/IOS); Pence, Laura (HHS/IOS); Smith, Andrew (HHS/IOS); Stevenson, Sarah-Lloyd (HHS/IOS); Udutha, Pranay (HHS/IOS); Nelson, Beth (HHS/IOS); Formoso, Paula (HHS/ASPA)  
**Cc:** Wright, Natasha (OS/IOS)  
**Subject:** Urgent Clearance need by 4pm today - Opioids Recommendations  
**Attachments:** Federal Efforts that Support Opioid Commission HHS.docx  
**Importance:** High

Good morning,

Please see attached an urgent document for your clearance entitled "Current Efforts the Federal Government Is Implementing that Support Recommendations of the Presidents Commission on Combatting Drug Addiction and the Opioid Crisis." This document will likely be released publically, so please do not include any non-public info if you provide comments. **We are requesting your office's clearance by 4:00PM today.** You will also be receiving this clearance under SPS 387506.

Due to the time sensitivity of this clearance, please email me first your clearance/comments, and then follow-up in SPS.

Please contact me with any questions.

Thanks.  
Matt

Matthew R. Grove  
Senior Policy Coordinator/Services Policy Team Lead  
Immediate Office of the Secretary-Executive Secretariat  
U.S. Department of Health and Human Services  
200 Independence Ave SW - Room 627H  
Washington, DC 20201  
Phone: (202) 205-8154 Fax: (202) 205-2135  
[Matthew.Grove@hhs.gov](mailto:Matthew.Grove@hhs.gov)



## Bell, Michael (OS/ASPA)

---

**From:** Shelton, Carrie A (HHS/IOS)  
**Sent:** Friday, March 10, 2017 11:39 AM  
**To:** Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Brooks, John (HHS/IOS); Schaefer, Nina (HHS/IOS); Agnew, Ann (HHS/IOS); Wynne, Maggie (HHS/IOS)  
**Cc:** Robinson, Wilma (HHS/IOS)  
**Subject:** 03/10/17 Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 03-10-17.docx

Good morning,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,

Carrie

---

Carrie Shelton, Policy Coordinator  
Centers for Medicare and Medicaid Services Team  
Immediate Office of the Secretary/Executive Secretariat  
US Department of Health and Human Services | [www.hhs.gov](http://www.hhs.gov)  
200 Independence Ave, SW, Room 617H | Washington, DC 20201  
Phone: 202.205.8806 | E-mail: [Carrie.Shelton@hhs.gov](mailto:Carrie.Shelton@hhs.gov)



Please consider the environment before printing this e-mail.

## Bell, Michael (OS/ASPA)

---

**From:** Shelton, Carrie A (HHS/IOS)  
**Sent:** Friday, March 17, 2017 11:34 AM  
**To:** Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Brooks, John (HHS/IOS); Schaefer, Nina (HHS/IOS); Agnew, Ann (HHS/IOS); Wynne, Maggie (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS)  
**Cc:** Robinson, Wilma (HHS/IOS)  
**Subject:** 03/17/17 Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 03-17-17.docx

Good morning,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,

Carrie

---

Carrie Shelton, Policy Coordinator  
Centers for Medicare and Medicaid Services Team  
Immediate Office of the Secretary/Executive Secretariat  
US Department of Health and Human Services | [www.hhs.gov](http://www.hhs.gov)  
200 Independence Ave, SW, Room 617H | Washington, DC 20201  
Phone: 202.205.8806 | E-mail: [Carrie.Shelton@hhs.gov](mailto:Carrie.Shelton@hhs.gov)



Please consider the environment before printing this e-mail.

## Bell, Michael (OS/ASPA)

---

**From:** Manning, Lelisa (OS/IOS)  
**Sent:** Thursday, October 26, 2017 3:57 PM  
**To:** Agnew, Ann (HHS/IOS); Bowman, Matthew (HHS/OGC); Brooks, John (HHS/IOS); Caliguiri, Laura (HHS/IOS); Cleary, Kelly (HHS/OGC); Flick, Heather (OS/OGC); Keckler, Charles (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Lucas, Jane (HHS/IOS); Mansdoerfer, David (HHS/IOS); Schaefer, Nina (HHS/IOS); Shipley, Samuel (HHS/IOS); Stannard, Paula (HHS/IOS); Stimson, Brian (HHS/OGC); Street, Amanda (HHS/IOS); Trueman, Laura (HHS/IEA); Wynne, Maggie (HHS/IOS); Brady, Will (HHS/IOS)  
**Cc:** Shelton, Carrie A (HHS/IOS)  
**Subject:** RE: Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 10-27-2017.docx

Good afternoon,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,

Lisa Manning  
Policy Assistant /Services Policy Team  
Immediate Office of the Secretary-Executive Secretariat  
U.S. Department of Health and Human Services  
200 Independence Ave SW - Room 622H  
Washington, D.C. 20201  
Phone: (202) 690-5531 Fax: (202) 205-2135  
[lelisa.manning@hhs.gov](mailto:lelisa.manning@hhs.gov)  
Please consider the environment before printing this e-mail

## Bell, Michael (OS/ASPA)

---

**From:** Manning, Lelisa (OS/IOS)  
**Sent:** Friday, October 20, 2017 3:09 PM  
**To:** Agnew, Ann (HHS/IOS); Bowman, Matthew (HHS/OGC); Brooks, John (HHS/IOS); Caliguiri, Laura (HHS/IOS); Cleary, Kelly (HHS/OGC); Flick, Heather (OS/OGC); Keckler, Charles (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Lucas, Jane (HHS/IOS); Mansdoerfer, David (HHS/IOS); Schaefer, Nina (HHS/IOS); Shipley, Samuel (HHS/IOS); Stannard, Paula (HHS/IOS); Stimson, Brian (HHS/OGC); Street, Amanda (HHS/IOS); Trueman, Laura (HHS/IEA); Wynne, Maggie (HHS/IOS); Brady, Will (HHS/IOS)  
**Cc:** Shelton, Carrie A (HHS/IOS)  
**Subject:** RE: Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 10-20-2017.docx

Good afternoon,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,

Lisa Manning  
Policy Assistant /Services Policy Team  
Immediate Office of the Secretary-Executive Secretariat  
U.S. Department of Health and Human Services  
200 Independence Ave SW - Room 622H  
Washington, D.C. 20201  
Phone: (202) 690-5531 Fax: (202) 205-2135  
[lelisa.manning@hhs.gov](mailto:lelisa.manning@hhs.gov)  
Please consider the environment before printing this e-mail



## Bell, Michael (OS/ASPA)

---

**From:** Manning, Lelisa (OS/IOS)  
**Sent:** Friday, October 13, 2017 3:16 PM  
**To:** Agnew, Ann (HHS/IOS); Bowman, Matthew (HHS/OGC); Brooks, John (HHS/IOS); Caliguiri, Laura (HHS/IOS); Cleary, Kelly (HHS/OGC); Flick, Heather (OS/OGC); Keckler, Charles (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Lucas, Jane (HHS/IOS); Mansdoerfer, David (HHS/IOS); Schaefer, Nina (HHS/IOS); Shipley, Samuel (HHS/IOS); Stannard, Paula (HHS/IOS); Stimson, Brian (HHS/OGC); Street, Amanda (HHS/IOS); Trueman, Laura (HHS/IEA); Wynne, Maggie (HHS/IOS); Brady, Will (HHS/IOS)  
**Cc:** Shelton, Carrie A (HHS/IOS)  
**Subject:** RE: Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 10-13-2017.docx

Good afternoon,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,

Lisa Manning  
Policy Assistant /Services Policy Team  
Immediate Office of the Secretary-Executive Secretariat  
U.S. Department of Health and Human Services  
200 Independence Ave SW - Room 622H  
Washington, D.C. 20201  
Phone: (202) 690-5531 Fax: (202) 205-2135  
[lelisa.manning@hhs.gov](mailto:lelisa.manning@hhs.gov)  
Please consider the environment before printing this e-mail

## Bell, Michael (OS/ASPA)

---

**From:** Manning, Lelisa (OS/IOS)  
**Sent:** Friday, October 06, 2017 2:39 PM  
**To:** Agnew, Ann (HHS/IOS); Bowman, Matthew (HHS/OGC); Brooks, John (HHS/IOS); Caliguiri, Laura (HHS/IOS); Cleary, Kelly (HHS/OGC); Flick, Heather (OS/OGC); Keckler, Charles (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Lucas, Jane (HHS/IOS); Mansdoerfer, David (HHS/IOS); Schaefer, Nina (HHS/IOS); Shipley, Samuel (HHS/IOS); Stannard, Paula (HHS/IOS); Stimson, Brian (HHS/OGC); Street, Amanda (HHS/IOS); Trueman, Laura (HHS/IEA); Wynne, Maggie (HHS/IOS); Brady, Will (HHS/IOS)  
**Cc:** Shelton, Carrie A (HHS/IOS)  
**Subject:** RE: Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 10-06-17.docx

Good afternoon,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,

Lisa Manning  
Policy Assistant /Services Policy Team  
Immediate Office of the Secretary-Executive Secretariat  
U.S. Department of Health and Human Services  
200 Independence Ave SW - Room 622H  
Washington, D.C. 20201  
Phone: (202) 690-5531 Fax: (202) 205-2135  
[lelisa.manning@hhs.gov](mailto:lelisa.manning@hhs.gov)

Please consider the environment before printing this e-mail

## Bell, Michael (OS/ASPA)

---

**From:** Manning, Lelisa (OS/IOS)  
**Sent:** Friday, September 29, 2017 3:35 PM  
**To:** Agnew, Ann (HHS/IOS); Bowman, Matthew (HHS/OGC); Brooks, John (HHS/IOS); Caliguiri, Laura (HHS/IOS); Cleary, Kelly (HHS/OGC); Flick, Heather (OS/OGC); Keckler, Charles (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Lucas, Jane (HHS/IOS); Mansdoerfer, David (HHS/IOS); Meszaros, Marie (HHS/IOS); Schaefer, Nina (HHS/IOS); Robinson, Wilma (HHS/IOS); Shipley, Samuel (HHS/IOS); Stannard, Paula (HHS/IOS); Stimson, Brian (HHS/OGC); Street, Amanda (HHS/IOS); Trueman, Laura (HHS/IEA); Wilkinson, Emily (HHS/IOS); Wynne, Maggie (HHS/IOS); Brady, Will (HHS/IOS)  
**Cc:** Shelton, Carrie A (HHS/IOS)  
**Subject:** RE: Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 09-28-17.docx

Good afternoon,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,

Lisa Manning  
Policy Assistant /Services Policy Team  
Immediate Office of the Secretary-Executive Secretariat  
U.S. Department of Health and Human Services  
200 Independence Ave SW - Room 622H  
Washington, D.C. 20201  
Phone: (202) 690-5531 Fax: (202) 205-2135  
[lelisa.manning@hhs.gov](mailto:lelisa.manning@hhs.gov)  
Please consider the environment before printing this e-mail

## Bell, Michael (OS/ASPA)

---

**From:** Manning, Lelisa (OS/IOS)  
**Sent:** Friday, September 22, 2017 3:33 PM  
**To:** Agnew, Ann (HHS/IOS); Anderson, Jeffrey (HHS/IOS); Bowman, Matthew (HHS/OGC); Brooks, John (HHS/IOS); Caliguiri, Laura (HHS/IOS); Cleary, Kelly (HHS/OGC); Flick, Heather (OS/OGC); Keckler, Charles (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Lucas, Jane (HHS/IOS); Mansdoerfer, David (HHS/IOS); Meszaros, Marie (HHS/IOS); Schaefer, Nina (HHS/IOS); Robinson, Wilma (HHS/IOS); Shipley, Samuel (HHS/IOS); Stannard, Paula (HHS/IOS); Stimson, Brian (HHS/OGC); Street, Amanda (HHS/IOS); Trueman, Laura (HHS/IEA); Wilkinson, Emily (HHS/IOS); Wynne, Maggie (HHS/IOS); Brady, Will (HHS/IOS)  
**Cc:** Shelton, Carrie A (HHS/IOS)  
**Subject:** RE: Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 09-22-17.docx

Good afternoon,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,

Lisa Manning  
Policy Assistant /Services Policy Team  
Immediate Office of the Secretary-Executive Secretariat  
U.S. Department of Health and Human Services  
200 Independence Ave SW - Room 622H  
Washington, D.C. 20201  
Phone: (202) 690-5531 Fax: (202) 205-2135  
[lelisa.manning@hhs.gov](mailto:lelisa.manning@hhs.gov)  
Please consider the environment before printing this e-mail



## Bell, Michael (OS/ASPA)

---

**From:** Manning, Lelisa (OS/IOS)  
**Sent:** Friday, September 15, 2017 2:50 PM  
**To:** Agnew, Ann (HHS/IOS); Anderson, Jeffrey (HHS/IOS); Bowman, Matthew (HHS/OGC); Brooks, John (HHS/IOS); Caliguiri, Laura (HHS/IOS); Cleary, Kelly (HHS/OGC); Flick, Heather (OS/OGC); Keckler, Charles (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Lucas, Jane (HHS/IOS); Mansdoerfer, David (HHS/IOS); Meszaros, Marie (HHS/IOS); Schaefer, Nina (HHS/IOS); Robinson, Wilma (HHS/IOS); Shipley, Samuel (HHS/IOS); Stannard, Paula (HHS/IOS); Stimson, Brian (HHS/OGC); Street, Amanda (HHS/IOS); Trueman, Laura (HHS/IEA); Wilkinson, Emily (HHS/IOS); Wynne, Maggie (HHS/IOS); Brady, Will (HHS/IOS)  
**Cc:** Shelton, Carrie A (HHS/IOS)  
**Subject:** RE: Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 09-15-2017.docx

Good afternoon,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,

Lisa Manning  
Policy Assistant /Services Policy Team  
Immediate Office of the Secretary-Executive Secretariat  
U.S. Department of Health and Human Services  
200 Independence Ave SW - Room 622H  
Washington, D.C. 20201  
Phone: (202) 690-5531 Fax: (202) 205-2135  
[lelisa.manning@hhs.gov](mailto:lelisa.manning@hhs.gov)  
Please consider the environment before printing this e-mail

## Bell, Michael (OS/ASPA)

---

**From:** Manning, Lelisa (OS/IOS)  
**Sent:** Friday, September 08, 2017 3:33 PM  
**To:** Agnew, Ann (HHS/IOS); Anderson, Jeffrey (HHS/IOS); Bowman, Matthew (HHS/OGC); Brooks, John (HHS/IOS); Caliguiri, Laura (HHS/IOS); Cleary, Kelly (HHS/OGC); Flick, Heather (OS/OGC); Keckler, Charles (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Lucas, Jane (HHS/IOS); Mansdoerfer, David (HHS/IOS); Meszaros, Marie (HHS/IOS); Schaefer, Nina (HHS/IOS); Robinson, Wilma (HHS/IOS); Shipley, Samuel (HHS/IOS); Stannard, Paula (HHS/IOS); Stimson, Brian (HHS/OGC); Street, Amanda (HHS/IOS); Trueman, Laura (HHS/IEA); Wilkinson, Emily (HHS/IOS); Wynne, Maggie (HHS/IOS); Brady, Will (HHS/IOS)  
**Cc:** Shelton, Carrie A (HHS/IOS)  
**Subject:** RE: Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 09-08-2017.docx

Good afternoon,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,

Lisa Manning  
Policy Assistant /Services Policy Team  
Immediate Office of the Secretary-Executive Secretariat  
U.S. Department of Health and Human Services  
200 Independence Ave SW - Room 622H  
Washington, D.C. 20201  
Phone: (202) 690-5531 Fax: (202) 205-2135  
[lelisa.manning@hhs.gov](mailto:lelisa.manning@hhs.gov)  
Please consider the environment before printing this e-mail

## Bell, Michael (OS/ASPA)

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**From:** Shelton, Carrie A (HHS/IOS)  
**Sent:** Friday, September 01, 2017 9:15 AM  
**To:** Manning, Lelisa (OS/IOS); Agnew, Ann (HHS/IOS); Anderson, Jeffrey (HHS/IOS); Bowman, Matthew (HHS/OGC); Brooks, John (HHS/IOS); Caliguiri, Laura (HHS/IOS); Cleary, Kelly (HHS/OGC); Flick, Heather (OS/OGC); Keckler, Charles (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Lucas, Jane (HHS/IOS); Mansdoerfer, David (HHS/IOS); Meszaros, Marie (HHS/IOS); Schaefer, Nina (HHS/IOS); Robinson, Wilma (HHS/IOS); Shipley, Samuel (HHS/IOS); Stannard, Paula (HHS/IOS); Stimson, Brian (HHS/OGC); Street, Amanda (HHS/IOS); Trueman, Laura (HHS/IEA); Wilkinson, Emily (HHS/IOS); Wynne, Maggie (HHS/IOS); Brady, Will (HHS/IOS)  
**Subject:** Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 09-01-2017.docx

Good morning,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,  
Carrie

---

Carrie Shelton | HHS Exec Sec | Policy Coordinator, CMS Team | (202) 205-8806 | 617H



Please consider the environment before printing this e-mail.

## Bell, Michael (OS/ASPA)

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**From:** Shelton, Carrie A (HHS/IOS)  
**Sent:** Friday, May 26, 2017 11:07 AM  
**To:** Agnew, Ann (HHS/IOS); Anderson, Jeffrey (HHS/IOS); Brooks, John (HHS/IOS); Caliguiri, Laura (HHS/IOS); Flick, Heather (OS/OGC); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Lucas, Jane (HHS/IOS); Mansdoerfer, David (HHS/IOS); Meszaros, Marie (HHS/IOS); Robinson, Wilma (HHS/IOS); Schaefer, Nina (HHS/IOS); Stannard, Paula (HHS/IOS); Street, Amanda (HHS/IOS); Trueman, Laura (HHS/IEA); Wilkinson, Emily (HHS/IOS); Wynne, Maggie (HHS/IOS)  
**Subject:** Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 05-26-17.docx

Good morning,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,  
Carrie

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Carrie Shelton, Policy Coordinator  
Centers for Medicare and Medicaid Services Team  
Immediate Office of the Secretary/Executive Secretariat  
US Department of Health and Human Services | [www.hhs.gov](http://www.hhs.gov)  
200 Independence Ave, SW, Room 617H | Washington, DC 20201  
Phone: 202.205.8806 | E-mail: [Carrie.Shelton@hhs.gov](mailto:Carrie.Shelton@hhs.gov)



Please consider the environment before printing this e-mail.



## Bell, Michael (OS/ASPA)

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**From:** Shelton, Carrie A (HHS/IOS)  
**Sent:** Friday, May 19, 2017 12:16 PM  
**To:** Agnew, Ann (HHS/IOS); Anderson, Jeffrey (HHS/IOS); Brooks, John (HHS/IOS); Caliguiri, Laura (HHS/IOS); Flick, Heather (OS/OGC); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Lucas, Jane (HHS/IOS); Mansdoerfer, David (HHS/IOS); Meszaros, Marie (HHS/IOS); Robinson, Wilma (HHS/IOS); Schaefer, Nina (HHS/IOS); Stannard, Paula (HHS/IOS); Street, Amanda (HHS/IOS); Trueman, Laura (HHS/IEA); Wilkinson, Emily (HHS/IOS); Wynne, Maggie (HHS/IOS)  
**Subject:** Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 05-19-17.docx

Good afternoon,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,  
Carrie

---

Carrie Shelton, Policy Coordinator  
Centers for Medicare and Medicaid Services Team  
Immediate Office of the Secretary/Executive Secretariat  
US Department of Health and Human Services | [www.hhs.gov](http://www.hhs.gov)  
200 Independence Ave, SW, Room 617H | Washington, DC 20201  
Phone: 202.205.8806 | E-mail: [Carrie.Shelton@hhs.gov](mailto:Carrie.Shelton@hhs.gov)



Please consider the environment before printing this e-mail.

**Bell, Michael (OS/ASPA)**

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**From:** Wright, Natasha (OS/IOS)  
**Sent:** Thursday, May 18, 2017 4:22 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Cc:** Shelton, Carrie A (HHS/IOS)  
**Subject:** ACF 5/19 Weekly Report  
**Attachments:** ACF Week Ahead Report 5-19-2017.docx

Hi Maggie,

Please see attached for ACF's 5/19 Weekly Report for your review. I will be sending supplemental materials for one new item on this week's list. This new item is also on ACF's Top Priority List.

Thanks,  
Natasha

## Bell, Michael (OS/ASPA)

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**From:** Shelton, Carrie A (HHS/IOS)  
**Sent:** Friday, May 12, 2017 4:33 PM  
**To:** Agnew, Ann (HHS/IOS); Brooks, John (HHS/IOS); Caliguiri, Laura (HHS/IOS); Flick, Heather (OS/OGC); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Lucas, Jane (HHS/IOS); Mansdoerfer, David (HHS/IOS); Meszaros, Marie (HHS/IOS); Robinson, Wilma (HHS/IOS); Schaefer, Nina (HHS/IOS); Stannard, Paula (HHS/IOS); Street, Amanda (HHS/IOS); Trueman, Laura (HHS/IEA); Wilkinson, Emily (HHS/IOS); Wynne, Maggie (HHS/IOS)  
**Subject:** Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 05-12-17.docx

Good afternoon,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,  
Carrie

---

Carrie Shelton, Policy Coordinator  
Centers for Medicare and Medicaid Services Team  
Immediate Office of the Secretary/Executive Secretariat  
US Department of Health and Human Services | [www.hhs.gov](http://www.hhs.gov)  
200 Independence Ave, SW, Room 617H | Washington, DC 20201  
Phone: 202.205.8806 | E-mail: [Carrie.Shelton@hhs.gov](mailto:Carrie.Shelton@hhs.gov)



Please consider the environment before printing this e-mail.

**Bell, Michael (OS/ASPA)**

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**From:** Wright, Natasha (OS/IOS)  
**Sent:** Thursday, May 11, 2017 5:46 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Cc:** Shelton, Carrie A (HHS/IOS)  
**Subject:** 5/12 ACF Weekly Report  
**Attachments:** ACF Week Ahead Report - 5-12-2017.docx

Hi Maggie,

Please see attached for ACF's 5/12 Weekly Report for your review. I will be sending supplemental materials for the six new items on this week's list. Four of the six items are also on ACF's Top Priority List.

Thanks,  
Natasha



## Bell, Michael (OS/ASPA)

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**From:** Shelton, Carrie A (HHS/IOS)  
**Sent:** Friday, May 05, 2017 11:17 AM  
**To:** Agnew, Ann (HHS/IOS); Brooks, John (HHS/IOS); Caliguiri, Laura (HHS/IOS); Flick, Heather (OS/OGC); Lapinski, Mary-Sumpter (HHS/IOS); Lenihan, Keagan (HHS/IOS); Mansdoerfer, David (HHS/IOS); Robinson, Wilma (HHS/IOS); Schaefer, Nina (HHS/IOS); Stannard, Paula (HHS/IOS); Street, Amanda (HHS/IOS); Trueman, Laura (HHS/IEA); Wynne, Maggie (HHS/IOS)  
**Subject:** Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 05-05-17.docx

Good afternoon,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,  
Carrie

---

Carrie Shelton, Policy Coordinator  
Centers for Medicare and Medicaid Services Team  
Immediate Office of the Secretary/Executive Secretariat  
US Department of Health and Human Services | [www.hhs.gov](http://www.hhs.gov)  
200 Independence Ave, SW, Room 617H | Washington, DC 20201  
Phone: 202.205.8806 | E-mail: [Carrie.Shelton@hhs.gov](mailto:Carrie.Shelton@hhs.gov)



Please consider the environment before printing this e-mail.

**Bell, Michael (OS/ASPA)**

---

**From:** Wright, Natasha (OS/IOS)  
**Sent:** Thursday, May 04, 2017 5:13 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Cc:** Shelton, Carrie A (HHS/IOS)  
**Subject:** 5/5 ACF Weekly Report  
**Attachments:** ACF Week Ahead Report 5-5-2017.docx

Hi Maggie,

Please see attached for ACF's 5/5 Weekly Report for your review. I will be sending supplemental materials for the one new item on this week's list. We're down to 7 pages! I'm not counting page 8 because there's only one sentence.

Thanks,  
Natasha

**Natasha Wright, MA, MPH | Policy Coordinator**  
Executive Secretariat | Immediate Office of the Secretary

---

**U.S. Department of Health and Human Services (HHS)**  
o. (202)260.7513 | [Natasha.wright2@hhs.gov](mailto:Natasha.wright2@hhs.gov)

## Bell, Michael (OS/ASPA)

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**From:** Shelton, Carrie A (HHS/IOS)  
**Sent:** Friday, March 31, 2017 3:18 PM  
**To:** Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Brooks, John (HHS/IOS); Schaefer, Nina (HHS/IOS); Agnew, Ann (HHS/IOS); Wynne, Maggie (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Mansdoerfer, David (HHS/IOS)  
**Cc:** Robinson, Wilma (HHS/IOS)  
**Subject:** 03/31/17 Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 03-31-17.docx

Good afternoon,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,

Carrie

---

Carrie Shelton, Policy Coordinator  
Centers for Medicare and Medicaid Services Team  
Immediate Office of the Secretary/Executive Secretariat  
US Department of Health and Human Services | [www.hhs.gov](http://www.hhs.gov)  
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Phone: 202.205.8806 | E-mail: [Carrie.Shelton@hhs.gov](mailto:Carrie.Shelton@hhs.gov)



Please consider the environment before printing this e-mail.

**Bell, Michael (OS/ASPA)**

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**From:** Wright, Natasha (OS/IOS)  
**Sent:** Thursday, March 30, 2017 11:06 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Cc:** Shelton, Carrie A (HHS/IOS); Robinson, Wilma (HHS/IOS)  
**Subject:** 3/31 Week Ahead Report  
**Attachments:** ACF Week Ahead Report 3-31-2017.docx  
  
**Importance:** High

Hi Maggie,

Just wanted to share ACF's 3/31 Weekly Report for your review. Shortly, I will be sending supplemental materials for all items on the list that you have not yet received. You will have 5 new items in total.

Thanks,  
Natasha

Natasha M. Wright, M.A., M.P.H., PMF Class of 2013  
Policy Coordinator  
Immediate Office of the Secretary | Executive Secretariat  
U.S. Department of Health and Human Services  
202.260.7513 | [natasha.wright2@hhs.gov](mailto:natasha.wright2@hhs.gov)



## Bell, Michael (OS/ASPA)

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**From:** Shelton, Carrie A (HHS/IOS)  
**Sent:** Friday, March 24, 2017 3:03 PM  
**To:** Stannard, Paula (HHS/IOS); Flick, Heather (OS/OGC); Brooks, John (HHS/IOS); Schaefer, Nina (HHS/IOS); Agnew, Ann (HHS/IOS); Wynne, Maggie (HHS/IOS); Lapinski, Mary-Sumpter (HHS/IOS); Mansdoerfer, David (HHS/IOS)  
**Cc:** Robinson, Wilma (HHS/IOS)  
**Subject:** 03/24/17 Week Ahead Report  
**Attachments:** HHS Week Ahead Report - 03-24-17.docx

Good afternoon,

Attached please find the compilation of the Op/StaffDiv week ahead reports for next week. Please let your PC know if you need additional information (e.g., a referenced document) pertaining to any of the items.

Thanks,

Carrie

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Carrie Shelton, Policy Coordinator  
Centers for Medicare and Medicaid Services Team  
Immediate Office of the Secretary/Executive Secretariat  
US Department of Health and Human Services | [www.hhs.gov](http://www.hhs.gov)  
200 Independence Ave, SW, Room 617H | Washington, DC 20201  
Phone: 202.205.8806 | E-mail: [Carrie.Shelton@hhs.gov](mailto:Carrie.Shelton@hhs.gov)



Please consider the environment before printing this e-mail.

**Bell, Michael (OS/ASPA)**

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**From:** Wright, Natasha (OS/IOS)  
**Sent:** Thursday, March 16, 2017 5:03 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Cc:** Robinson, Wilma (HHS/IOS); Shelton, Carrie A (HHS/IOS)  
**Subject:** 3/17 ACF Week Ahead Report  
**Attachments:** ACF Week Ahead Report - 3-17-2017.docx

Hi Maggie,

Just wanted to share ACF's 3/17 Weekly Report for your review. Shortly, I will be sending supplemental materials for all items on the list that you have not yet received.

Thanks,  
Natasha

Natasha M. Wright, M.A., M.P.H., PMF Class of 2013  
Policy Coordinator  
Immediate Office of the Secretary | Executive Secretariat  
U.S. Department of Health and Human Services  
202.260.7513 | [natasha.wright2@hhs.gov](mailto:natasha.wright2@hhs.gov)

## Bell, Michael (OS/ASPA)

---

**From:** Malliou, Ekaterini (OS/IOS)  
**Sent:** Wednesday, March 01, 2017 5:35 PM  
**To:** Wynne, Maggie (HHS/IOS); Agnew, Ann (HHS/IOS); Robinson, Wilma (HHS/IOS); Hawkins, Jamar (HHS/OS)  
**Subject:** ASPR Briefing for the New Policy Team - March 1, 2017  
**Attachments:** Brief for 03\_01\_17.docx

Good evening,

Attached for your information, please find the **paper from today's ASPR briefing** on:

1. Disaster Leadership Group ( DLG)
2. Bio Defense Strategy Development
3. G20 Update

Starting next week, I will provide the **agenda** and **paper** to Rose Lusi to send out - through outlook – the day before the meeting. This will give invitees the opportunity to decide on whether they should attend based on topic.

In addition, when ASPR presents an issue where another agency has equities in, I will make sure the policy team member, who is managing that agency account, is aware and included.

Thank you,

Kat:

\*\*\*\*\*

**Note:** Rose invites the following staff to the Weekly ASPR briefing. If you need to make any changes, please let me know. Thank you

### **INVITEES:**

**Policy Team:** Maggie, Lance, Paula, Nina, Heather, Jack, Anna, Kamran, John.

**ASPR:** George, Ed, Arwenthia (scheduler), Briana (assistant), Collin (assistant) Thomas (Congressional Liaison).

**Exec Sec:** Ann, Wilma, Hannah, Matt, Jamar, Kat.

**ASFR:** Norris.

**OGC:** Jeffrey Davis.

## Bell, Michael (OS/ASPA)

---

**From:** Daravi, Kamran (HHS/IOS)  
**Sent:** Monday, March 06, 2017 9:55 AM  
**To:** Schaefer, Nina (HHS/IOS); Wynne, Maggie (HHS/IOS); McGuffee, Tyler Ann (HHS/IOS)  
**Cc:** Zebley, Kyle (HHS/IOS); Powers, Mary (HHS/IOS); Aramanda, Alec (HHS/IOS); Stannard, Paula (HHS/IOS)  
**Subject:** RE: HHS Meeting Requets -Rep. Cuellar - March 8, 2017

Hello Tyler Ann,

I will forward you the most recent update of Zika data. Also, on 3/2 we were updated that new [Zika Guidance](#) has not been released to the public. New guidance has a possible 3/9 or 3/10 due date. I will keep you posted of the exact release date when I am informed of it.

Thanks,

Kamran Daravi  
202-853-1011

---

**From:** Schaefer, Nina (HHS/IOS)  
**Sent:** Monday, March 06, 2017 9:15 AM  
**To:** Wynne, Maggie (HHS/IOS); McGuffee, Tyler Ann (HHS/IOS)  
**Cc:** Daravi, Kamran (HHS/IOS); Zebley, Kyle (HHS/IOS); Powers, Mary (HHS/IOS); Aramanda, Alec (HHS/IOS); Stannard, Paula (HHS/IOS)  
**Subject:** RE: HHS Meeting Requets -Rep. Cuellar - March 8, 2017

I do not see a problem with providing a factual briefing on Zika (CDC).  
Thanks

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**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Monday, March 06, 2017 8:22 AM  
**To:** McGuffee, Tyler Ann (HHS/IOS)  
**Cc:** Daravi, Kamran (HHS/IOS); Zebley, Kyle (HHS/IOS); Powers, Mary (HHS/IOS); Aramanda, Alec (HHS/IOS); Stannard, Paula (HHS/IOS); Schaefer, Nina (HHS/IOS)  
**Subject:** RE: HHS Meeting Requets -Rep. Cuellar - March 8, 2017

Tyler Ann,

(b)(5)



Thanks,  
Maggie



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**From:** McGuffee, Tyler Ann (HHS/IOS)  
**Sent:** Friday, March 03, 2017 5:43 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Cc:** Daravi, Kamran (HHS/IOS); Zebley, Kyle (HHS/IOS); Powers, Mary (HHS/IOS); Aramanda, Alec (HHS/IOS)  
**Subject:** HHS Meeting Requets -Rep. Cuellar - March 8, 2017

Maggie,  
Please see the clearance request below for CDC, NIH and ASPR.  
Please let Alec and I know if you have any concerns.

(b)(5)



Thank you,  
TAM

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**From:** Bradsher, Kris (HHS/ASL)  
**Sent:** Friday, March 03, 2017 2:59 PM  
**To:** McGuffee, Tyler Ann (HHS/IOS); Aramanda, Alec (HHS/IOS)  
**Cc:** Khalife, Alexandra (HHS/ASL); Clark, Barbara (HHS/ASL)  
**Subject:** RE: HHS Meeting Requets -Rep. Cuellar - March 8, 2017

Hi Tyler Ann and Alec,

This is the Rep. Cuellar visit that Barbara, Alex and I had discussed this morning. The agencies the Congressman wants to meet with will be able to discuss their programs related to infectious disease and response.

Will be great to get feedback by Monday if possible.

Kris

**Date Need Clearance:** Monday, March 6

**Request (include office/organization requesting):** Briefing Request from Rep. Cuellar to meet with CDC, ASPR and NIH. Below is the request from Juan Sanchez (staffer for Rep. Cuellar)

(b)(5)



**Background:** The following information was provided by Juan Sanchez (Staffer for Rep. Cuellar)

The United States/Mexico Border is at high risk for infectious diseases and bioterrorism. We are an international border and Laredo is the number one (1) inland port of entry with 40% of all US inland goods passing through Laredo's four (4) international bridges, 16,000 trucks cross daily through one (1) international bridge. Laredo serves as a HUB for other rural and smaller counties further increasing growth (100,000 daily) and with our sister city of Nuevo Laredo, Mexico our MSA is over one million. These conditions promote daily health security and all hazardous threats by current, emerging and new diseases on the Texas/Mexico border. Some of these potential threats are new diseases; such as, Middle Eastern Respiratory Syndrome (MERs), H1N1, Ebola, Zika and other highly infectious diseases. We also have the continued threat of Dengue and West Nile Virus, Botulism, Ricin, Multi Drug Resistant Tuberculosis and now Chikungunya Virus. Anyone of these could pose a serious health threat and/or serve as a bioterrorist attack. Population - In 2010-2014, Laredo, Texas has a total population of 245,000 -- 126,200 (51 percent) females and 118,900 (49 percent) males. The median age was 28.3 years. An estimated 34 percent of the population was under 18 years and 8 percent was 65 years and older

Laredo is a at risk region that is medically underserved with a population that has pressing health and social needs. Is has is designated a Health Professional Shortage Areas (HPSAs) Geographic High Needs, and a Medically Underserved Area/Populations It has among our nation's highest rates of poverty and uninsured residents. The residents are disproportionately affected by diabetes, substance abuse, mental health disorders, teen pregnancy, cervical cancer, obesity, sexually transmitted diseases and tuberculosis. There is a high demand for health care services but unfortunately the demand exceeds the supply of doctors. Laredo and the border area have one of the lowest rates of physicians per capita in the nation.

Disability - In Laredo, Texas, among the civilian noninstitutionalized population in 2010-2014, 12 percent reported a disability. The likelihood of having a disability varied by age - from 6 percent of people under 18 years old, to 10 percent of people 18 to 64 years old, and to 54 percent of those 65 and over.

The median income of households in Laredo, Texas was \$39,408. An estimated 20 percent of households had income below \$15,000 a year and 5 percent had income over \$150,000 or more.

An estimated 83 percent of the households received earnings and 9 percent received retirement income other than Social Security. An estimated 24 percent of the households received Social Security. The average income from Social Security was \$12,565. These income sources are not mutually exclusive; that is, some households received income from more than one source.

Poverty - In 2010-2014, 31 percent of people were in poverty. An estimated 42 percent of related children under 18 were below the poverty level, compared with 24 percent of people 65 years old and over. An estimated 27 percent of all families and 45 percent of families with a female householder and no husband present had incomes below the poverty level.

Health Insurance - Among the civilian noninstitutionalized population in Laredo, Texas in 2010-2014, 66 percent had health insurance coverage and 34 percent did not have health insurance coverage. For those under 18 years of age, 16 percent had no health insurance coverage. The civilian noninstitutionalized population had both private and public health insurance, with 35 percent having private coverage and 35 percent having public coverage.

**Federal Participant seeking clearance:** CDC, ASPR, and NIH

**Slides or handouts?** No

**Time/Location:** March 8, 2017 at 1 p.m. at Member Office 2209 RHOB

## **Bell, Michael (OS/ASPA)**

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**From:** Pilato, Anna (ACF)  
**Sent:** Friday, September 08, 2017 6:08 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Cc:** Stevenson, Sarah-Lloyd (HHS/IOS); Smith, Andrew (HHS/IOS)  
**Subject:** FW: Executive Brief #8, Tropical Storm Harvey - 9/8/17  
**Attachments:** ACF Executive Brief #8.docx

Please see tonight's report. Thank you.

Best,  
Anna

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**From:** Duran, Mishaela (ACF)  
**Sent:** Friday, September 08, 2017 5:55 PM  
**To:** Wagner, Steven (ACF); Pilato, Anna (ACF); Marriott, Brian (ACF); Marriott, Brian (ACF)  
**Cc:** Brodowski, Melissa (ACF); Monroe, Johnathan (ACF); Pope Jackson, LaKesha (ACF); Garza, Roberto (ACF)  
**Subject:** Executive Brief #8, Tropical Storm Harvey - 9/8/17

### **ACF Executive Brief (#8) on ACF Response to Tropical Storm Harvey**

*All information current as of 5pm EDT, 08 September 2017*

Subject: 2017 Tropical Storm Harvey, Gulf of Mexico – ACF Executive Brief (#8)

#### **State Relations**

- Tentative meeting confirmation with Texas Health and Human Services Deputy Executive Commissioner, Cecile Young, and Office of Family Assistance Director, Clarence Carter, regarding TANF inquiries from previous conversation with AAS Steve Wagner for 9/15/17.

#### **ACF Program Impacts**

- **Office of Refugee Resettlement/Unaccompanied Alien Children:** No programmatic impacts to report at this time. ORR has now discontinued reporting on UAC residential programs in Texas as operations have returned to normal. This is the final program update from ORR/UAC for Hurricane Harvey.
- **Office of Child Care:** No updates reported as of 9/8/17.
- **Office of Head Start:** No updates reported as of 9/8/17.
- **ACFY/Children's Bureau:**
  - Team Adam has completed their assessment of reunification needs for children in the Dallas and Houston areas, including discussions with Red Cross, local shelters and local law enforcement/emergency management teams. They aren't seeing any urgent reunification needs. The Team will not fully activate due to lack of demand for their services but will be available to activate at any time for any needs that may arise. While in Texas they have assisted with coordination of an improved electronic system for tracking people moving between shelters in Texas and from Louisiana to Texas and this is assisting with reunifications.
  - Quick snapshot of workforce. Just looking at caseworkers and supervisors only for investigations, FBSS and conservatorship, we have approximately the following percentages not returning to work at this time:  
Region 5: 13.20%  
Region 6A: 10.5% (some Houston staff anticipated to return when school starts next week)



Region 6B: 14.2%

Region 11: 0.7%

- FEMA has authorized DFPS to search their database for clients we are unable to locate. This will include anyone who has registered a need for FEMA resources as a result of the storm, not just people who entered a shelter. This research will start later this week.
- **Family and Youth Service Bureau/Runaway and Homeless Youth:** No programmatic updates to report at this time.
- **Family and Youth Services Bureau/Division of Family Violence Prevention and Services:** No updates reported as of 9/8/17.
- **Family and Youth Service Bureau/Adolescent Pregnancy Prevention:** No updates reported as of 9/8/17.
- **Office of Community Services/Social Services Block Grant:** No updates reported as of 9/8/17.
- **Office of Community Services/Community Services Block Grant:** No updates reported as of 9/8/17.
- **Office of Community Services/Division of Energy Assistance/Low Income Home Energy Assistance Program:** The Louisiana Housing Corporation (LHC) has not received any request for LIHEAP funds for Hurricane Harvey as of yet. Should they get any calls or requests, the agency will allow funds to be used for items identified in LIHEAP Disaster Management Policies.
- **Office of Child Support Enforcement** No updates reported as of 9/8/17.
- **Office of Family Assistance/Temporary Assistance for Needy Families:** No programmatic impacts to report at this time.
- **Administration for Native Americans:** No programmatic impacts to report at this time.
- **Office of Trafficking in Persons:** No programmatic impacts to report at this time.

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*LaKeshia Pope Jackson*

Administration of Children and Families, Regional Administrator – Region 6

Department of Health and Human Services

Office of Regional Operations

1301 Young Street, Suite 914

Dallas, Texas 75202

Office: 214-767-2821

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## Bell, Michael (OS/ASPA)

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**From:** Pilato, Anna (ACF)  
**Sent:** Thursday, September 07, 2017 7:23 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Cc:** Stevenson, Sarah-Lloyd (HHS/IOS); Smith, Andrew (HHS/IOS)  
**Subject:** Fwd: Executive Brief #7, Tropical Storm Harvey 9/7/17  
**Attachments:** ACF Executive Brief #7.docx

Please see tonight's report. Thank you.

---

**From:** "Duran, Mishaela (ACF)" <[Mishaela.Duran@acf.hhs.gov](mailto:Mishaela.Duran@acf.hhs.gov)>  
**Subject:** Executive Brief #7, Tropical Storm Harvey 9/7/17  
**Date:** 07 September 2017 18:54  
**To:** "Wagner, Steven (ACF)" <[Steven.Wagner@acf.hhs.gov](mailto:Steven.Wagner@acf.hhs.gov)>, "Pilato, Anna (ACF)" <[Anna.Pilato@acf.hhs.gov](mailto:Anna.Pilato@acf.hhs.gov)>, "Marriott, Brian (ACF)" <[Brian.Marriott@acf.hhs.gov](mailto:Brian.Marriott@acf.hhs.gov)>, "Powers, Mary (ACF)" <[Mary.Powers@acf.hhs.gov](mailto:Mary.Powers@acf.hhs.gov)>  
**Cc:** "Monroe, Johnathan (ACF)" <[Johnathan.Monroe@acf.hhs.gov](mailto:Johnathan.Monroe@acf.hhs.gov)>, "Brodowski, Melissa (ACF)" <[melissa.brodowski@acf.hhs.gov](mailto:melissa.brodowski@acf.hhs.gov)>, "Pope Jackson, LaKesha (ACF)" <[Lakesha.Popejackson@acf.hhs.gov](mailto:Lakesha.Popejackson@acf.hhs.gov)>

### **ACF Executive Brief (#7) on ACF Response to Tropical Storm Harvey**

*All information current as of 7pm EDT, 07 September 2017*

Subject: 2017 Tropical Storm Harvey, Gulf of Mexico – ACF Executive Brief (#7)

### **State Relations**

- Tentative meeting confirmation with Texas Health and Human Services Deputy Executive Commissioner, Cecile Young, and Office of Family Assistance Director, Clarence Carter, regarding TANF inquiries from previous conversation with AAS Steve Wagner for 9/8/17.
- Per the panel discussion with Save the Children, Texas CCDF partners have been invited to meet with R6 RPM, R6 REM, FEMA, Coalition for Children (Houston Resource and Referral agency), and Save the Children to discuss federal resources for supporting the reopening of child care centers.

### **ACF Program Impacts**

- **Office of Refugee Resettlement/Unaccompanied Alien Children:** No programmatic impacts to report at this time.
- **Administration for Native Americans:** No programmatic impacts to report at this time.
- **Office of Child Care:** No updates to report at this time.
- **Office of Head Start:** There are currently 321 centers in the impacted zone with 21,450 slots. 89 centers are confirmed closed in the impacted area affecting 5,261 slots in closed centers out of 5,500 total slots. 5 centers anticipate opening on 9/11/17 affecting 325 slots.

- **ACFY/Children's Bureau:**
  - There are now only 6 general residential child care operations (shelters, basic foster care facilities) that continue to remain away from their primary location and are housed at other facilities. There is 1 residential treatment facility (for emotional and behavior challenged children and youth) that remain evacuated.
  - There continue to be areas in all of the impacted regions (along the coastal area and east Texas) where it is not safe to travel.
  - CPS has staff stationed at both Houston shelters and shelters in Dallas for 8am to 8pm daily. Families are identifying themselves to staff at shelters and asking to get messages to their caseworkers. Positive!
  - DFPS staff have arrived in Houston to provide assistance on Investigations, Family Reunification and FBSS cases. They are in the process of trying to finalize a snapshot of what the workforce will look like next week in the impacted areas.
  - All GRO's/RTCs evacuated children have been visited by DFPS since the evacuation.
  - Nineteen offices in Regions 7 (Austin), 8 (San Antonio) and 11 (Valley) re-opened on 09/05/2017.
  - Region 5 (Beaumont): There is still a lot of areas underwater and flooding is ongoing. Evacuations were still occurring over this past weekend. DFPS continued outreach efforts to this to determine status of staff and children.
  - DFPS is tracking children placed in state from other states and out of state children in Louisiana.
- **Family and Youth Service Bureau/Runaway and Homeless Youth:** No programmatic updates to report at this time.
- **Family and Youth Services Bureau/Division of Family Violence Prevention and Services:**
  - Beaumont: 9-6-17- The staff found mold in the kitchen of the shelter and will need to replace the sheetrock. A contractor will come out tomorrow to assess the damage, but are hopeful to replace the materials and open shelter on 9/11/17. Food banks should be delivering food and water today. Conducting final walk through to assess damages, but are hopeful to open one wing of the shelter on 9/7/17. Experienced roof and drainage system damage, but only had an inch of water and were able to pump it out. Shelter is in great need of linen items (shelters, blankets, pillows, pillow cases) and towels, wash clothes and other toiletry items. Closed indefinitely due to flooding in the Beaumont area.
  - Victoria: Fully operational. Shelter and Nonresidential center are now open, due to power outages. Clients were evacuated to other shelter centers. The shelter is not taking any new clients, working on getting previous clients transported back.
  - Angleton: Shelter opened on 9/5/17. Clients will be transported back to the shelter on 9/8/17.
  - Bay City: Fully operational Shelter reopened on 9/2/17 and nonresidential center opened on 9/5/17
  - Non-residential Only Program:
    - Houston: Fully operational Opened on 9/5/17
- **Family and Youth Service Bureau/Adolescent Pregnancy Prevention:** Continuing to assess the needs of grantees to determine the level of effort that may be necessary to support implementation of projects after the flood waters have receded. Some areas are still experiencing flooding. Many of the grantees in the Houston and surrounding flood areas have not had an opportunity to assess their offices and program implementation sites

and have not been able to provide estimates of the damage. All program staff have been accounted for and there has been no new updates reported.

- **Office of Community Services/Social Services Block Grant:** No updates reported as of 9/7/17.
- **Office of Community Services/Community Services Block Grant:** No updates reported as of 9/7/17.
- **Office of Community Services/Division of Energy Assistance/Low Income Home Energy Assistance Program:** No updates reported as of 9/7/17
- **Office of Child Support Enforcement** No updates reported as of 9/6/17.
- **Office of Family Assistance/Temporary Assistance for Needy Families:** No programmatic impacts to report at this time.
- **Office of Trafficking in Persons:** No programmatic impacts to report at this time.

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*Lakesha Pope Jackson*

Administration of Children and Families, Regional Administrator – Region 6

Department of Health and Human Services

Office of Regional Operations

1301 Young Street, Suite 914

Dallas, Texas 75202

Office: 214-767-2821

Mobile: (b)(6)

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**Bell, Michael (OS/ASPA)**

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**From:** Hawkins, Jamar (HHS/OS)  
**Sent:** Thursday, March 09, 2017 9:30 AM  
**To:** Wynne, Maggie (HHS/IOS)  
**Cc:** Valentine, Steven (HHS/IOS)  
**Subject:** 11am Meeting -- OASH  
**Attachments:** 3-9-17\_Beachhead Meetingcb.docx; OASHWeekAheadReport - 03-02-17.docx

Maggie:

You'll soon receive an updated calendar invite for today's meeting with OASH at 11am. I have asked OASH to change the structure of the meeting to help with your awareness of items. OASH will go through the week ahead report (attached) and follow up with a discussion about the agenda. I hope this change is helpful.

**Jamar M. Hawkins**

Team Lead – Science & Public Health  
U.S. Department of Health and Human Services | Executive Secretariat  
200 Independence Ave., SW – Suite 615H – Washington, D.C. 20201  
Office: 202.205.6380 | Fax: 202.205.2135



## Bell, Michael (OS/ASPA)

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**From:** Wright, Don (HHS/OASH)  
**Sent:** Friday, March 03, 2017 5:11 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** FW: Title X Family Planning Services April 1st Continuation Awards Q&As  
**Attachments:** Title X Family Planning Services April 1st Continuation Awards Q&As.docx

Maggie,

I asked the Director of the Grants Management Office to answer the questions you raised concerning the Continuation Awards.

The answers are on the attached Word Document.

Let me know if you need additional information.

Don Wright MD MPH  
Acting Assistant Secretary for Health  
Deputy Assistant Secretary for Health  
Director: Office of Disease Prevention and Health Promotion  
1101 Wootton Parkway Suite LL 100  
Rockville, MD 20852  
(240) 276-9795

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**From:** Bettencourt, Alice (HHS/OASH)  
**Sent:** Friday, March 03, 2017 4:52 PM  
**To:** Wright, Don (HHS/OASH)  
**Subject:** Title X Family Planning Services April 1st Continuation Awards Q&As

Don,

Attached are the Title Family Planning Services continuation award questions and answers, per your request. Let me know if you need additional information.

Alice

Alice Bettencourt  
Director  
Office of Grants Management  
Office of the Assistant Secretary for Health  
240-453-8838

HHS Grants Policy Manual: <http://intranet.hhs.gov/abouthhs/contracts-grants-support/grants-policy-administration-manual/index.html>

HHS Grants Policy Statement: <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsggps107.pdf>

Uniform Grant Regulations: <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>

## Bell, Michael (OS/ASPA)

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**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Sunday, March 05, 2017 5:26 PM  
**To:** Hawkins, Jamar (HHS/OS)  
**Cc:** Stannard, Paula (HHS/IOS); Valentine, Steven (HHS/IOS)  
**Subject:** OASH information only/FYI items

Hi Jamar,

I saw the items further below in an overall list from Exec Sec, and saw that OASH/OAH listed several as information only, but each item listed below should have come to the Policy Team for review.

It's clear I missed earlier references to these in the weekly emails, possibly because the format of the OASH meetings have not really focused on these, they hadn't been discussed as part of the agenda or outstanding items, and/or they were listed as information only.

These are not items that rate as informational/not needing HHS review. As with the other OpDivs and StaffDivs ICRs, etc., the Policy Team needs to look these types of items over when they are from OASH.

Please let OASH know that they should *not* be moving forward on FR notices on information collection requests (ICRs) without prior clearance by the Policy Team.

If OASH has already sent 60-day PRA notices to the Federal Register, OASH should send Paula Stannard and Steven Valentine the FR notices and the information collection instruments. OASH should also note what changes it has made (when applicable) to an earlier instrument. Most importantly, no subsequent 30-day notice should go to the Federal Register until OASH receives Policy Team clearance.

Also, the Policy Team should be part of any entrance conferences concerning GAO matters. Do you know if anyone from the Policy Team was present at the GAO entrance conference on February 28? I'm surprised it didn't come up in HRSA's weekly meetings either.

Thanks,  
Maggie

(b)(5)



**Bell, Michael (OS/ASPA)**

---

**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Sunday, March 05, 2017 5:26 PM  
**To:** Hawkins, Jamar (HHS/OS)  
**Cc:** Stannard, Paula (HHS/IOS); Valentine, Steven (HHS/IOS)  
**Subject:** OASH information only/FYI items

Hi Jamar,

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Thanks,  
Maggie

(b)(4), (b)(5)





(b)(5)



Maggie Wynne  
U.S. Department of Health and Human Services  
(202) 260-7267 (desk)  
(b)(6) (cell)  
[Margaret.Wynne@hhs.gov](mailto:Margaret.Wynne@hhs.gov)

## Bell, Michael (OS/ASPA)

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**From:** Wright, Don (HHS/OASH)  
**Sent:** Thursday, March 02, 2017 4:29 PM  
**To:** Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS)  
**Cc:** Valentine, Steven (HHS/IOS)  
**Subject:** (b)(5)

Maggie and Paula,

(b)(5)

Please advise.

Don Wright MD MPH  
Acting Assistant Secretary for Health  
Deputy Assistant Secretary for Health  
Director: Office of Disease Prevention and Health Promotion  
1101 Wootton Parkway Suite LL 100  
Rockville, MD 20852  
(240) 276-9795

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**From:** Hayes, Kaye (HHS/OASH)  
**Sent:** Thursday, March 02, 2017 4:00 PM  
**To:** Wright, Don (HHS/OASH)  
**Cc:** Wolitski, Richard (HHS/OASH); Talev, Caroline (HHS/OASH); Blakey, Carter R (HHS/OASH); Blakey, Carter R (HHS/OASH); Hayes, Kaye (HHS/OASH)  
**Subject:** PACHA Inquiry

Good afternoon Dr. Wright,

Pursuant to our discussion about the upcoming Presidential Advisory Council on HIV/AIDS (PACHA) full council meeting, here are the details for the Oath of Office, scheduled for Monday, March 13<sup>th</sup> from 9:15 – 9:30 a.m.

As the Acting Assistant Secretary for Health, you are scheduled to administer the Oath of Office for two newly appointed members and the final one-year term for nine current PACHA members. The two newly appointed members are: (1) Jennifer Kates, PhD, the Vice President and Director of Global Health and HIV Policy at the Kaiser Family Foundation and (2) Dázon Dixon Diallo, MPH, DHL, Founder and President of SisterLove, Inc. In addition, the nine current members are:

- 1) Adaora Adimora, MD, MPH, Professor of Medicine at the University of North Carolina

- 2) Lucy A. Bradley-Springer, PhD, RN, ACRN, FAAN, Editor at the Journal of the Association of Nurses in AIDS Care and Associate Professor Emerita at the University of Colorado Denver
- 3) Gina M. Brown, Program Associate at the Institute of Women and Ethnic Studies
- 4) Vignetta Charles, PhD, Chief Executive Officer at ETR Associates (Education, Training and Research, a national nonprofit focused on advancing health equity through science-based solutions)
- 5) Cecilia C. Chung, Senior Strategist at the Transgender Law Center
- 6) Ligia Peralta, M.D., FAAP, FSAHM, AAHIVS, President and CEO, Casa Ruben Foundation and an associate at the Massachusetts Institute of Technology, Center for Biomedical Innovation
- 7) Harlan H. Pruden with the Native American Two-Spirit Journal
- 8) Elizabeth Styffe, RN, MN, Director, HIV/AIDS & Orphan Care Initiatives at Saddleback Valley Community Church
- 9) Mildred Williamson, PhD, MSW, Director of Research and Regulatory Affairs at Cook County Health and Hospitals System.

The nomination package was submitted August 17, 2016 to OASH Committee Management and final OS approval for all of these members was signed January 18, 2017. The biographies for the two newly appointed members and the nine current members are below.

## BIOGRAPHIES:

### Newly Appointed Members:



#### **Dázon Dixon Diallo, DHL, MPH**

Dázon Dixon Diallo's personal goal is to play a significant role in the eradication of HIV, AIDS, violence and sexual/ reproductive health disparities, especially for women of African descent. Through engaging strategies that integrate prevention education, interventions, advocacy and research, she has led a strong team of community healthworkers, advocates and activists to advance the work toward the collective goal of eliminating HIV/AIDS and its co-morbidities.

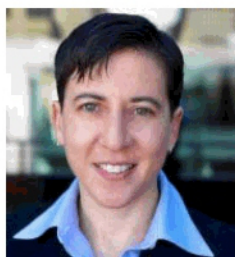
Ms. Diallo has an extensive background as a community health worker, public health practitioner and instructor, interventions designer and implementer, non-profit executive and community-based participatory research investigator/partner. She has worked with the University of Alabama at Birmingham, Emory University and the Centers for Disease Control & Prevention (CDC) to develop and evaluate individual-, group- and community-level evidence-based interventions for women at risk and/or living with HIV/AIDS.

While working in the fields of HIV/AIDS and Sexual & Reproductive Health for over 30 years, Ms. Diallo has also served in several capacities in the field of prevention research – social, behavioral and biomedical - for over 15 years. Her previous research projects have included working with HIV positive women and violence prevention, working with women at high risk for HIV, working with adolescent offenders to understand how their alcohol and drug use is related to risky sexual behavior, determining successful strategies for community involvement in HIV vaccine and microbicides research, and working to understand how social networks can be used to reduce risky sex in HIV+ women.

Her ongoing work with the CDC, the NIH/NIAID/DAIDS HIV Research Networks, and Emory University has afforded her with the experience and skills needed to engage in community-based participatory research and community-campus partnerships for research and program implementation. She currently is the chief executive with a community based organization and is currently partnering with Emory University's Women's



Interagency HIV Study (WIHS) to establish and implement one of the first WIHS sites in the Southern Region. She is an effective communicator/writer and team leader, and works across dozens of networks, coalitions and collaborations. She has the community-based experience to partner with large research institutions, and lead research projects that require meaningful engagement of affected populations.



### **Jennifer Kates, PhD**

Dr. Jen Kates is Vice President and Director of Global Health & HIV Policy at the Kaiser Family Foundation, where she oversees the Foundation's policy analysis and research focused on the U.S. government's role in global health and on the global and domestic HIV epidemics. Widely regarded as an expert in the field, she regularly publishes and presents on global health and HIV policy issues and is particularly known for her work analyzing donor government investments in global health; assessing and mapping the U.S. government's global health architecture, programs, and funding; and tracking and analyzing major U.S. HIV programs and financing, and key trends in the HIV epidemic, an area she has been working in for twenty-five years. Prior to joining the Foundation in 1998, Dr. Kates was a Senior Associate with The Lewin Group, a health care consulting firm, where she focused on HIV policy, strategic planning/health systems analysis, and health care for vulnerable populations. Among other prior positions, she directed the Office of Lesbian, Gay, and Bisexual Concerns at Princeton University.

Dr. Kates serves on numerous federal and private sector advisory committees on global health and HIV issues. Currently, she is a member of the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHACHSPT), is an Alternate Board Member of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and serves on PEPFAR's Scientific Advisory Board. She recently served on the Institute of Medicine's (IOM) Congressionally-mandated evaluation of PEPFAR, and on two IOM study committees commissioned by the White House to inform the implementation of the National HIV/AIDS Strategy.

Dr. Kates received her Ph.D. in Health Policy from George Washington University, where she is also a lecturer. She is also a lecturer at the Johns Hopkins School of Advanced International Studies. She holds a Bachelor's degree from Dartmouth College, a Master's degree in Public Affairs from Princeton University's Woodrow Wilson School of Public and International Affairs and a Master's degree in Political Science from the University of Massachusetts.

## **Current Members:**



### **Adaora Adimora, MD, MPH**

Dr. Adaora Adimora is a Professor of Medicine and Epidemiology at the University of North Carolina at Chapel Hill. She is a physician-epidemiologist with specialty training and extensive clinical experience in infectious diseases, particularly HIV, both in North Carolina and New York City. She received her medical degree from the Yale University School of Medicine and completed specialty training at Montefiore Hospital in the Bronx, NY. Prior to coming to UNC she served as Assistant Chief for Science of the NC Health Department's Communicable Disease Control Section. Her research focuses on the epidemiology of HIV and STDs among minority populations. She is particularly concerned with behavioral epidemiology and the role of sexual networks and the socioeconomic context in heterosexual HIV transmission among minorities. Her work has focused on the importance of sexual network patterns and important contextual factors, such as poverty and racism, in promoting behaviors that establish and maintain racial disparities in rates of HIV and other sexually transmitted infections in the United States.

A fellow of the American College of Physicians and the Infectious Diseases Society of America, Dr. Adimora Chairs the Women at Risk Committee for the NIH's HIV Prevention Trials Network's Women at Risk Committee. She has served on the National Institutes of Allergy and Infectious Diseases Advisory Council and



as Chair of the HIV Medicine Association and. She also serves on the US Department of Health and Human Services Antiretroviral Treatment Guidelines Panel. She is board certified in internal medicine and infectious diseases. In 2009 The Root (a publication of the Washington Post Company) named Dr. Adimora to its inaugural list of The Root 100, its recognition of "established and emerging African American leaders who are making extraordinary contributions."



**Lucy Bradley-Springer, PhD, RN, ACRN, FAAN**

Lucy Bradley-Springer, PhD, RN, ACRN, FAAN, is an Associate Professor Emerita at the University of Colorado Denver where she was the Principal Investigator and Director of the Mountain Plains AIDS Education and Training Center (1999-2015). She is the editor of the Journal of the Association of Nurses in AIDS Care (JANAC), has worked in the area of HIV infection since 1988, and has developed expertise in HIV prevention, retention in care, and teaching healthcare providers about HIV. Dr. Bradley-Springer is a Vietnam-era veteran of the U.S. Air Force Nurse Corps, a past president of the Association of Nurses in AIDS Care (ANAC), a fellow of the American Academy of Nursing (AAN), and a member of the International Academy of Nurse Editors (INANE).



**Gina Brown , MSW**

Gina Brown is a Program Associate for the Institute of Women and Ethnic Studies where she conducts targeted outreach, HIV testing, and education with Black women at risk for HIV. Prior, Gina Brown was the Planning Council Coordinator at the New Orleans Regional AIDS Planning Council. Gina has worked in the field of HIV for 12 years and has been living with HIV for 20 years. Gina graduated Magna Cum Laude from Southern University at New Orleans, with a Bachelor of Social Work and a minor in History in 2011 and received her Master's degree in 2012. Gina is the past-VP of the School of Social Works' service organization, and Historian of Psi Phi SUNO's chapter of Phi Alpha Social Work Honors Society. Gina has served on numerous boards and committees. Gina is a Public Speaker and Community Advocate. Gina truly believes in service work and has made it her life's mission to help the broader community gain a higher level of health literacy.



**Vignetta Charles, PhD**

Dr. Vignetta Charles is currently serving as Chief Executive Officer at ETR (Education, Training and Research, a national nonprofit focused on advancing health equity through science-based solutions. Before joining ETR, Dr. Charles was Senior Vice President at AIDS United overseeing strategic grant making and capacity building programs. She is an alumna of the University of California at Berkeley, the Harvard School of Public Health, and the Johns Hopkins Bloomberg School of Public Health. Her work experience is diverse and has led to the acquisition of a broad range of skills: conducting scholarly inquiry at academic institutions, evaluating national teen pregnancy prevention programs, assessing the effectiveness of black women's health interventions in Boston, serving as the national health educator for the Commonwealth of Dominica, West Indies, initiating a teen pregnancy prevention portfolio for the William and Flora Hewlett Foundation, and coordinating prevention and youth development programs in both San Francisco and Oakland, California. Dr. Charles currently serves on the Presidential Advisory Council for HIV/AIDS where she advises the Administration and Health and Human Services on pressing issues related to ending the HIV/AIDS pandemic. She also serves on the Board of Directors of the Center for Health and Gender Equity (CHANGE).



**Cecilia Chung**



Cecilia Chung is nationally recognized as a civil rights leader, advocating for HIV/AIDS awareness and care, LGBT equality, social justice and human rights. She is currently a Health Commissioner in San Francisco where she is the first trans woman appointed to the position by Mayor Ed Lee. Cecilia was also the first trans woman and first person living openly with HIV elected Chair to the San Francisco Human Rights Commission where she has served for over seven years. An immigrant from Hong Kong, Cecilia has lived in San Francisco for over 20 years where she has worked locally and internationally to advance equality and justice.

During that time, she has broken ground in a number of ways including: being the first transgender woman and first Asian to be elected to lead the Board of Directors of the San Francisco Lesbian, Gay, Bisexual, and Transgender Pride Celebration; the first transgender woman and first person living openly with HIV to Chair the San Francisco Human Rights Commission; and, an architect of the nation's most ambitious publicly funded program addressing economic justice within the transgender community.

For almost two decades, she has worked to advance equality and justice both locally and internationally. In 1994 she was a member of the Transgender Discrimination Taskforce, which released a groundbreaking report by the San Francisco Human Rights Commission, documenting widespread discrimination against trans people. The report led the City to adopt many pioneering anti-discrimination ordinances and policies. She is the former Deputy Director of the Transgender Law Center, has also served on a number of planning bodies, including the San Francisco HIV Health Services Planning Council, and was a trainer of Community Planning for the Centers for Disease Control (CDC).

In 2001, she was elected President of the Board of Directors of San Francisco Lesbian, Gay, Bisexual, and Transgender Pride Celebration, becoming the first Asian and first trans gender women to hold the position, and she led the Board to a new standard of inclusion and excellence. In 2004, as a founding producer of Trans March, she helped organize one of the world's largest annual trans events. Cecilia has dedicated herself to ending stigma, discrimination, and violence in all communities.



**Ligia Peralta, M.D., FAAP, FSAHM, AAHIVS**

Ligia Peralta, M.D., FAAP, FSAHM, AAHIVS is a clinician and scientist with extensive research expertise in the areas of HIV/AIDS, sexually transmitted infections and health disparities. Dr. Peralta is at the Massachusetts Institute of Technology Program in Innovation and Global Leadership. She has led innovative genomics research on women's health and HIV transmission and established international HIV/AIDS clinical and research centers.

Dr. Peralta is a retired tenured Associate Professor of Pediatrics and Epidemiology who served as Chief of the Division of Adolescent and Young Adult Medicine at the University of Maryland School of Medicine. She is board certified in both Pediatrics and Adolescent Medicine. She holds certification from the American Academy of HIV Medicine and serves as its representative to the National Foundation for Infectious Diseases. She has served as Principal Investigator for over 30 NIH and CDC-funded grants and has published in various scientific journals, including PLOS, Journal of General Virology, International Journal of Gynecology and Sexually Transmitted Diseases.

Dr. Peralta has worked with the Department of State in Africa, Caribbean and the Far East (United Arab Emirates) in the development of health care programs. In 2011, she was inducted to the Maryland Hall of Fame and was appointed by the Governor of Maryland to the state Health Care Commission.



**Harlan Pruden**



Harlan Pruden (First Nation Cree/nēhiyaw) Ph.D student at the University of British Columbia's Interdisciplinary Studies Graduate Program and is also the Managing Editor of TwoSpiritJournal.com, an interactive multi-platform Two-Spirit media/news site. Harlan works with the Two-Spirit (LGBT Native) community locally, nationally and internationally. Harlan is a co-founder and former Director of the NorthEast Two Spirit Society. Harlan serves as the principal Two-Spirit consultant to the Tribal Training and Technical Assistance Center. Harlan also serves as an Honorary Committee Member of the Institute for Sexual Minority Studies and Services at the University of Alberta, Canada, and in the spring of 2013, Harlan was appointed to be an American representative to the International Indigenous Peoples Working Group on HIV/AIDS.



**Elizabeth Styffe, RN, MN**

Elizabeth Styffe is the co-founder of the HIV&AIDS Initiative at Saddleback Church with Kay Warren and the Interim Director of the Global HIV&AIDS Initiative. She currently directs the Rwanda Healthcare Initiative. She launched and directs the Orphan Care Initiatives at Saddleback Church, which focuses on equipping churches locally and globally to end the orphan crisis.

An author and international speaker, Elizabeth combines her background in pediatric nursing, loss, grief and trauma with a passion to see the church at the center of HIV and orphan care. Having received a BSN from Biola University and Master's Degree in Nursing from UCLA, she has helped develop robust programs and tools for churches across the globe and is helping churches launch effective ministries which are church-initiated with an emphasis on permanency as the right of every child.



**Mildred Williamson, PhD, MSW**

Mildred Williamson has more than twenty five years in public service with human rights/social justice as her passion. She is an experienced developer and leader of comprehensive health and human service programs for underserved and vulnerable populations. She currently serves as Director of Research & Regulatory Affairs for the Cook County Health & Hospitals System (CCHHS), and as an adjunct professor at the University of Illinois at Chicago School of Public Health (UIC-SPH).

Dr. Williamson has been principal investigator and program administrator for several federally and locally funded health and human service initiatives over the years. She served as HIV/AIDS Section Chief for the Illinois Department of Public Health from 2008-2015 with responsibility for administering HIV prevention, surveillance and comprehensive service programs, statewide. She began her public health career at Cook County Hospital in 1989 as the first administrator of the Women & Children HIV Program, which today, is part of the CCHHS Ruth M. Rothstein CORE Center - the largest provider of comprehensive HIV services in the Midwest. She went on to administer and manage community-based primary care and HIV programs in CCHHS ambulatory health centers, and in 1998 helped to launch "Project Brotherhood: A Black Men's Clinic," while serving as administrator for Woodlawn Health Center in Chicago.

Additionally, she was one of the founding members of AIDS Alliance for Children Youth & Families, a national organization that advocates for women, children, youth and families living with and affected by HIV/AIDS. Dr. Williamson obtained her Master's and Doctoral degrees in Social Work at the School of Social Service Administration/University of Chicago.

Thank you and if you need additional information, please give me a call.

Kaye

[Kaye.hayes@hhs.gov](mailto:Kaye.hayes@hhs.gov)

## Bell, Michael (OS/ASPA)

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**From:** Hawkins, Jamar (HHS/OS)  
**Sent:** Monday, March 06, 2017 8:49 AM  
**To:** Wynne, Maggie (HHS/IOS)  
**Cc:** Stannard, Paula (HHS/IOS); Valentine, Steven (HHS/IOS)  
**Subject:** RE: OASH information only/FYI items

Thanks Maggie. I will follow up with OASH and ensure these items are touched on in the weekly meetings going forward.

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**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Sunday, March 05, 2017 5:26 PM  
**To:** Hawkins, Jamar (HHS/OS)  
**Cc:** Stannard, Paula (HHS/IOS); Valentine, Steven (HHS/IOS)  
**Subject:** OASH information only/FYI items

Hi Jamar,

I saw the items further below in an overall list from Exec Sec, and saw that OASH/OAH listed several as information only, but each item listed below should have come to the Policy Team for review.

It's clear I missed earlier references to these in the weekly emails, possibly because the format of the OASH meetings have not really focused on these, they hadn't been discussed as part of the agenda or outstanding items, and/or they were listed as information only.

These are not items that rate as informational/not needing HHS review. As with the other OpDivs and StaffDivs ICRs, etc., the Policy Team needs to look these types of items over when they are from OASH.

Please let OASH know that they should *not* be moving forward on FR notices on information collection requests (ICRs) without prior clearance by the Policy Team.

If OASH has already sent 60-day PRA notices to the Federal Register, OASH should send Paula Stannard and Steven Valentine the FR notices and the information collection instruments. OASH should also note what changes it has made (when applicable) to an earlier instrument. Most importantly, no subsequent 30-day notice should go to the Federal Register until OASH receives Policy Team clearance.

Also, the Policy Team should be part of any entrance conferences concerning GAO matters. Do you know if anyone from the Policy Team was present at the GAO entrance conference on February 28? I'm surprised it didn't come up in HRSA's weekly meetings either.

Thanks,  
Maggie

(b)(5)



(b)(5)





Maggie Wynne  
U.S. Department of Health and Human Services  
(202) 260-7267 (desk)  
(b)(6) (cell)  
[Margaret.Wynne@hhs.gov](mailto:Margaret.Wynne@hhs.gov)

## Bell, Michael (OS/ASPA)

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**From:** Wynne, Maggie (HHS/IOS)  
**Sent:** Thursday, March 09, 2017 10:05 PM  
**To:** Stannard, Paula (HHS/IOS); Valentine, Steven (HHS/IOS)  
**Subject:** (b)(5)

**Importance:** High

Paula and Steven,  
Did one of you respond to Don? I have not.  
-Maggie

---

**From:** Wright, Don (HHS/OASH)  
**Sent:** Thursday, March 02, 2017 4:29 PM  
**To:** Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS)  
**Cc:** Valentine, Steven (HHS/IOS)  
**Subject:** (b)(5)

Maggie and Paula,

(b)(5)

Please advise.

Don Wright MD MPH  
Acting Assistant Secretary for Health  
Deputy Assistant Secretary for Health  
Director: Office of Disease Prevention and Health Promotion  
1101 Wootton Parkway Suite LL 100  
Rockville, MD 20852  
(240) 276-9795

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**From:** Hayes, Kaye (HHS/OASH)  
**Sent:** Thursday, March 02, 2017 4:00 PM  
**To:** Wright, Don (HHS/OASH)  
**Cc:** Wolitski, Richard (HHS/OASH); Talev, Caroline (HHS/OASH); Blakey, Carter R (HHS/OASH); Blakey, Carter R (HHS/OASH); Hayes, Kaye (HHS/OASH)  
**Subject:** PACHA Inquiry

Good afternoon Dr. Wright,

Pursuant to our discussion about the upcoming Presidential Advisory Council on HIV/AIDS (PACHA) full council meeting, here are the details for the Oath of Office, scheduled for Monday, March 13<sup>th</sup> from 9:15 – 9:30 a.m.

As the Acting Assistant Secretary for Health, you are scheduled to administer the Oath of Office for two newly appointed members and the final one-year term for nine current PACHA members. The two newly appointed members are: (1) Jennifer Kates, PhD, the Vice President and Director of Global Health and HIV Policy at the Kaiser Family Foundation and (2) Dázon Dixon Diallo, MPH, DHL, Founder and President of SisterLove, Inc. In addition, the nine current members are:

- 1) Adaora Adimora, MD, MPH, Professor of Medicine at the University of North Carolina
- 2) Lucy A. Bradley-Springer, PhD, RN, ACRN, FAAN, Editor at the Journal of the Association of Nurses in AIDS Care and Associate Professor Emerita at the University of Colorado Denver
- 3) Gina M. Brown, Program Associate at the Institute of Women and Ethnic Studies
- 4) Vignetta Charles, PhD, Chief Executive Officer at ETR Associates (Education, Training and Research, a national nonprofit focused on advancing health equity through science-based solutions)
- 5) Cecilia C. Chung, Senior Strategist at the Transgender Law Center
- 6) Ligia Peralta, M.D., FAAP, FSAHM, AAHIVS, President and CEO, Casa Ruben Foundation and an associate at the Massachusetts Institute of Technology, Center for Biomedical Innovation
- 7) Harlan H. Pruden with the Native American Two-Spirit Journal
- 8) Elizabeth Styffe, RN, MN, Director, HIV/AIDS & Orphan Care Initiatives at Saddleback Valley Community Church
- 9) Mildred Williamson, PhD, MSW, Director of Research and Regulatory Affairs at Cook County Health and Hospitals System.

The nomination package was submitted August 17, 2016 to OASH Committee Management and final OS approval for all of these members was signed January 18, 2017. The biographies for the two newly appointed members and the nine current members are below.

## BIOGRAPHIES:

### Newly Appointed Members:



**Dázon Dixon Diallo, DHL, MPH**

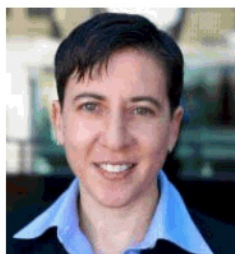
Dázon Dixon Diallo's personal goal is to play a significant role in the eradication of HIV, AIDS, violence and sexual/ reproductive health disparities, especially for women of African descent. Through engaging strategies that integrate prevention education, interventions, advocacy and research, she has led a strong team of community healthworkers, advocates and activists to advance the work toward the collective goal of eliminating HIV/AIDS and its co-morbidities.

Ms. Diallo has an extensive background as a community health worker, public health practitioner and instructor, interventions designer and implementer, non-profit executive and community-based participatory research investigator/partner. She has worked with the University of Alabama at Birmingham, Emory University and the Centers for Disease Control & Prevention (CDC) to develop and evaluate individual-, group- and community-level evidence-based interventions for women at risk and/or living with HIV/AIDS.



While working in the fields of HIV/AIDS and Sexual & Reproductive Health for over 30 years, Ms. Diallo has also served in several capacities in the field of prevention research – social, behavioral and biomedical - for over 15 years. Her previous research projects have included working with HIV positive women and violence prevention, working with women at high risk for HIV, working with adolescent offenders to understand how their alcohol and drug use is related to risky sexual behavior, determining successful strategies for community involvement in HIV vaccine and microbicides research, and working to understand how social networks can be used to reduce risky sex in HIV+ women.

Her ongoing work with the CDC, the NIH/NIAID/DAIDS HIV Research Networks, and Emory University has afforded her with the experience and skills needed to engage in community-based participatory research and community-campus partnerships for research and program implementation. She currently is the chief executive with a community based organization and is currently partnering with Emory University's Women's Interagency HIV Study (WIHS) to establish and implement one of the first WIHS sites in the Southern Region. She is an effective communicator/writer and team leader, and works across dozens of networks, coalitions and collaborations. She has the community-based experience to partner with large research institutions, and lead research projects that require meaningful engagement of affected populations.



**Jennifer Kates, PhD**

Dr. Jen Kates is Vice President and Director of Global Health & HIV Policy at the Kaiser Family Foundation, where she oversees the Foundation's policy analysis and research focused on the U.S. government's role in global health and on the global and domestic HIV epidemics. Widely regarded as an expert in the field, she regularly publishes and presents on global health and HIV policy issues and is particularly known for her work analyzing donor government investments in global health; assessing and mapping the U.S. government's global health architecture, programs, and funding; and tracking and analyzing major U.S. HIV programs and financing, and key trends in the HIV epidemic, an area she has been working in for twenty-five years. Prior to joining the Foundation in 1998, Dr. Kates was a Senior Associate with The Lewin Group, a health care consulting firm, where she focused on HIV policy, strategic planning/health systems analysis, and health care for vulnerable populations. Among other prior positions, she directed the Office of Lesbian, Gay, and Bisexual Concerns at Princeton University.

Dr. Kates serves on numerous federal and private sector advisory committees on global health and HIV issues. Currently, she is a member of the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHACHSPT), is an Alternate Board Member of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and serves on PEPFAR's Scientific Advisory Board. She recently served on the Institute of Medicine's (IOM) Congressionally-mandated evaluation of PEPFAR, and on two IOM study committees commissioned by the White House to inform the implementation of the National HIV/AIDS Strategy.

Dr. Kates received her Ph.D. in Health Policy from George Washington University, where she is also a lecturer. She is also a lecturer at the Johns Hopkins School of Advanced International Studies. She holds a Bachelor's degree from Dartmouth College, a Master's degree in Public Affairs from Princeton University's Woodrow Wilson School of Public and International Affairs and a Master's degree in Political Science from the University of Massachusetts.

## **Current Members:**



**Adaora Adimora, MD, MPH**

Dr. Adaora Adimora is a Professor of Medicine and Epidemiology at the University of North Carolina at Chapel Hill. She is a physician-epidemiologist with specialty training and extensive clinical experience in infectious diseases, particularly HIV, both in North Carolina and New York City. She received her medical degree from the Yale University School of Medicine and



completed specialty training at Montefiore Hospital in the Bronx, NY. Prior to coming to UNC, she served as Assistant Chief for Science of the NC Health Department's Communicable Disease Control Section. Her research focuses on the epidemiology of HIV and STDs among minority populations. She is particularly concerned with behavioral epidemiology and the role of sexual networks and the socioeconomic context in heterosexual HIV transmission among minorities. Her work has focused on the importance of sexual network patterns and important contextual factors, such as poverty and racism, in promoting behaviors that establish and maintain racial disparities in rates of HIV and other sexually transmitted infections in the United States.

A fellow of the American College of Physicians and the Infectious Diseases Society of America, Dr. Adimora Chairs the Women at Risk Committee for the NIH's HIV Prevention Trials Network's Women at Risk Committee. She has served on the National Institutes of Allergy and Infectious Diseases Advisory Council and as Chair of the HIV Medicine Association and. She also serves on the US Department of Health and Human Services Antiretroviral Treatment Guidelines Panel. She is board certified in internal medicine and infectious diseases. In 2009 The Root (a publication of the Washington Post Company) named Dr. Adimora to its inaugural list of The Root 100, its recognition of "established and emerging African American leaders who are making extraordinary contributions."



**Lucy Bradley-Springer, PhD, RN, ACRN, FAAN**

Lucy Bradley-Springer, PhD, RN, ACRN, FAAN, is an Associate Professor Emerita at the University of Colorado Denver where she was the Principal Investigator and Director of the Mountain Plains AIDS Education and Training Center (1999-2015). She is the editor of the Journal of the Association of Nurses in AIDS Care (JANAC), has worked in the area of HIV infection since 1988, and has developed expertise in HIV prevention, retention in care, and teaching healthcare providers about HIV. Dr. Bradley-Springer is a Vietnam-era veteran of the U.S. Air Force Nurse Corps, a past president of the Association of Nurses in AIDS Care (ANAC), a fellow of the American Academy of Nursing (AAN), and a member of the International Academy of Nurse Editors (INANE).



**Gina Brown , MSW**

Gina Brown is a Program Associate for the Institute of Women and Ethnic Studies where she conducts targeted outreach, HIV testing, and education with Black women at risk for HIV. Prior, Gina Brown was the Planning Council Coordinator at the New Orleans Regional AIDS Planning Council. Gina has worked in the field of HIV for 12 years and has been living with HIV for 20 years. Gina graduated Magna Cum Laude from Southern University at New Orleans, with a Bachelor of Social Work and a minor in History in 2011 and received her Master's degree in 2012. Gina is the past-VP of the School of Social Works' service organization, and Historian of Psi Phi SUNO's chapter of Phi Alpha Social Work Honors Society. Gina has served on numerous boards and committees. Gina is a Public Speaker and Community Advocate. Gina truly believes in service work and has made it her life's mission to help the broader community gain a higher level of health literacy.



**Vignetta Charles, PhD**

Dr. Vignetta Charles is currently serving as Chief Executive Officer at ETR (Education, Training and Research, a national nonprofit focused on advancing health equity through science-based solutions. Before joining ETR, Dr. Charles was Senior Vice President at AIDS United overseeing strategic grant making and capacity building programs. She is an alumna of the University of California at Berkeley, the Harvard School of Public Health, and the Johns Hopkins Bloomberg School of Public Health. Her work experience is diverse and has led to the acquisition of a broad range of skills: conducting scholarly inquiry at academic institutions, evaluating national



teen pregnancy prevention programs, assessing the effectiveness of black women's health interventions in Boston, serving as the national health educator for the Commonwealth of Dominica, West Indies, initiating a teen pregnancy prevention portfolio for the William and Flora Hewlett Foundation, and coordinating prevention and youth development programs in both San Francisco and Oakland, California. Dr. Charles currently serves on the Presidential Advisory Council for HIV/AIDS where she advises the Administration and Health and Human Services on pressing issues related to ending the HIV/AIDS pandemic. She also serves on the Board of Directors of the Center for Health and Gender Equity (CHANGE).

### **Cecilia Chung**



Cecilia Chung is nationally recognized as a civil rights leader, advocating for HIV/AIDS awareness and care, LGBT equality, social justice and human rights. She is currently a Health Commissioner in San Francisco where she is the first trans woman appointed to the position by Mayor Ed Lee. Cecilia was also the first trans woman and first person living openly with HIV elected Chair to the San Francisco Human Rights Commission where she has served for over seven years. An immigrant from Hong Kong, Cecilia has lived in San Francisco for over 20 years where she has worked locally and internationally to advance equality and justice.

During that time, she has broken ground in a number of ways including: being the first transgender woman and first Asian to be elected to lead the Board of Directors of the San Francisco Lesbian, Gay, Bisexual, and Transgender Pride Celebration; the first transgender woman and first person living openly with HIV to Chair the San Francisco Human Rights Commission; and, an architect of the nation's most ambitious publicly funded program addressing economic justice within the transgender community.

For almost two decades, she has worked to advance equality and justice both locally and internationally. In 1994 she was a member of the Transgender Discrimination Taskforce, which released a groundbreaking report by the San Francisco Human Rights Commission, documenting widespread discrimination against trans people. The report led the City to adopt many pioneering anti-discrimination ordinances and policies. She is the former Deputy Director of the Transgender Law Center, has also served on a number of planning bodies, including the San Francisco HIV Health Services Planning Council, and was a trainer of Community Planning for the Centers for Disease Control (CDC).

In 2001, she was elected President of the Board of Directors of San Francisco Lesbian, Gay, Bisexual, and Transgender Pride Celebration, becoming the first Asian and first trans gender women to hold the position, and she led the Board to a new standard of inclusion and excellence. In 2004, as a founding producer of Trans March, she helped organize one of the world's largest annual trans events. Cecilia has dedicated herself to ending stigma, discrimination, and violence in all communities.



### **Ligia Peralta, M.D., FAAP, FSAHM, AAHIVS**

Ligia Peralta, M.D., FAAP, FSAHM, AAHIVS is a clinician and scientist with extensive research expertise in the areas of HIV/AIDS, sexually transmitted infections and health disparities. Dr. Peralta is at the Massachusetts Institute of Technology Program in Innovation and Global Leadership. She has led innovative genomics research on women's health and HIV transmission and established international HIV/AIDS clinical and research centers.

Dr. Peralta is a retired tenured Associate Professor of Pediatrics and Epidemiology who served as Chief of the Division of Adolescent and Young Adult Medicine at the University of Maryland School of Medicine. She is board certified in both Pediatrics and Adolescent Medicine. She holds certification from the American Academy of HIV Medicine and serves as its representative to the National Foundation for Infectious Diseases. She has served as Principal Investigator for over 30 NIH and CDC-funded grants and has published in various



scientific journals, including PLOS, Journal of General Virology, International Journal of Gynecology and Sexually Transmitted Diseases.

Dr. Peralta has worked with the Department of State in Africa, Caribbean and the Far East (United Arab Emirates) in the development of health care programs. In 2011, she was inducted to the Maryland Hall of Fame and was appointed by the Governor of Maryland to the state Health Care Commission.



### **Harlan Pruden**

Harlan Pruden (First Nation Cree/nēhiyaw) Ph.D student at the University of British Columbia's Interdisciplinary Studies Graduate Program and is also the Managing Editor of TwoSpiritJournal.com, an interactive multi-platform Two-Spirit media/news site. Harlan works with the Two-Spirit (LGBT Native) community locally, nationally and internationally. Harlan is a co-founder and former Director of the NorthEast Two Spirit Society. Harlan serves as the principal Two-Spirit consultant to the Tribal Training and Technical Assistance Center. Harlan also serves as an Honorary Committee Member of the Institute for Sexual Minority Studies and Services at the University of Alberta, Canada, and in the spring of 2013, Harlan was appointed to be an American representative to the International Indigenous Peoples Working Group on HIV/AIDS.



### **Elizabeth Styffe, RN, MN**

Elizabeth Styffe is the co-founder of the HIV&AIDS Initiative at Saddleback Church with Kay Warren and the Interim Director of the Global HIV&AIDS Initiative. She currently directs the Rwanda Healthcare Initiative. She launched and directs the Orphan Care Initiatives at Saddleback Church, which focuses on equipping churches locally and globally to end the orphan crisis.

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Additionally, she was one of the founding members of AIDS Alliance for Children Youth & Families, a national organization that advocates for women, children, youth and families living with and affected by HIV/AIDS. Dr. Williamson obtained her Master's and Doctoral degrees in Social Work at the School of Social Service Administration/University of Chicago.

Thank you and if you need additional information, please give me a call.

Kaye

[Kaye.hayes@hhs.gov](mailto:Kaye.hayes@hhs.gov)



**Bell, Michael (OS/ASPA)**

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**From:** Stannard, Paula (HHS/IOS)  
**Sent:** Thursday, March 09, 2017 10:44 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Subject:** Re: (b)(5)

(b)(5)

Paula

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On: 09 March 2017 22:05, "Wynne, Maggie (HHS/IOS)" <Margaret.Wynne@hhs.gov> wrote:  
Paula and Steven,  
Did one of you respond to Don? I have not.  
-Maggie

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**From:** Wright, Don (HHS/OASH)  
**Sent:** Thursday, March 02, 2017 4:29 PM  
**To:** Wynne, Maggie (HHS/IOS); Stannard, Paula (HHS/IOS)  
**Cc:** Valentine, Steven (HHS/IOS)  
**Subject:** (b)(5)

Maggie and Paula,

(b)(5)

Please advise.

Don Wright MD MPH  
Acting Assistant Secretary for Health  
Deputy Assistant Secretary for Health  
Director: Office of Disease Prevention and Health Promotion  
1101 Wootton Parkway Suite LL 100  
Rockville, MD 20852  
(240) 276-9795

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**From:** Hayes, Kaye (HHS/OASH)  
**Sent:** Thursday, March 02, 2017 4:00 PM  
**To:** Wright, Don (HHS/OASH)  
**Cc:** Wolitski, Richard (HHS/OASH); Talev, Caroline (HHS/OASH); Blakey, Carter R (HHS/OASH); Blakey, Carter R

Good afternoon Dr. Wright,

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- 1) Adaora Adimora, MD, MPH, Professor of Medicine at the University of North Carolina
- 2) Lucy A. Bradley-Springer, PhD, RN, ACRN, FAAN, Editor at the Journal of the Association of Nurses in AIDS Care and Associate Professor Emerita at the University of Colorado Denver
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The nomination package was submitted August 17, 2016 to OASH Committee Management and final OS approval for all of these members was signed January 18, 2017. The biographies for the two newly appointed members and the nine current members are below.

## **BIOGRAPHIES:**

### **Newly Appointed Members:**



#### **Dázon Dixon Diallo, DHL, MPH**

Dázon Dixon Diallo's personal goal is to play a significant role in the eradication of HIV, AIDS, violence and sexual/ reproductive health disparities, especially for women of African descent. Through engaging strategies that integrate prevention education, interventions, advocacy and research, she has led a strong team of community healthworkers, advocates and activists to advance the work toward the collective goal of eliminating HIV/AIDS and its co-morbidities.

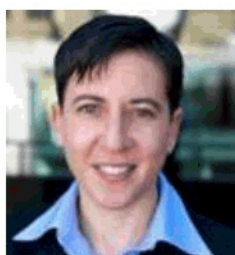
Ms. Diallo has an extensive background as a community health worker, public health practitioner and instructor, interventions designer and implementer, non-profit executive and community-based participatory research



investigator/partner. She has worked with the University of Alabama at Birmingham, Emory University and the Centers for Disease Control & Prevention (CDC) to develop and evaluate individual-, group- and community-level evidence-based interventions for women at risk and/or living with HIV/AIDS.

While working in the fields of HIV/AIDS and Sexual & Reproductive Health for over 30 years, Ms. Diallo has also served in several capacities in the field of prevention research – social, behavioral and biomedical - for over 15 years. Her previous research projects have included working with HIV positive women and violence prevention, working with women at high risk for HIV, working with adolescent offenders to understand how their alcohol and drug use is related to risky sexual behavior, determining successful strategies for community involvement in HIV vaccine and microbicides research, and working to understand how social networks can be used to reduce risky sex in HIV+ women.

Her ongoing work with the CDC, the NIH/NIAID/DAIDS HIV Research Networks, and Emory University has afforded her with the experience and skills needed to engage in community-based participatory research and community-campus partnerships for research and program implementation. She currently is the chief executive with a community based organization and is currently partnering with Emory University's Women's Interagency HIV Study (WIHS) to establish and implement one of the first WIHS sites in the Southern Region. She is an effective communicator/writer and team leader, and works across dozens of networks, coalitions and collaborations. She has the community-based experience to partner with large research institutions, and lead research projects that require meaningful engagement of affected populations.



**Jennifer Kates, PhD**

Dr. Jen Kates is Vice President and Director of Global Health & HIV Policy at the Kaiser Family Foundation, where she oversees the Foundation's policy analysis and research focused on the U.S. government's role in global health and on the global and domestic HIV epidemics. Widely regarded as an expert in the field, she regularly publishes and presents on global health and HIV policy issues and is particularly known for her work analyzing donor government investments in global health; assessing and mapping the U.S. government's global health architecture, programs, and funding; and tracking and analyzing major U.S. HIV programs and financing, and key trends in the HIV epidemic, an area she has been working in for twenty-five years. Prior to joining the Foundation in 1998, Dr. Kates was a Senior Associate with The Lewin Group, a health care consulting firm, where she focused on HIV policy, strategic planning/health systems analysis, and health care for vulnerable populations. Among other prior positions, she directed the Office of Lesbian, Gay, and Bisexual Concerns at Princeton University.

Dr. Kates serves on numerous federal and private sector advisory committees on global health and HIV issues. Currently, she is a member of the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHACHSPT), is an Alternate Board Member of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and serves on PEPFAR's Scientific Advisory Board. She recently served on the Institute of Medicine's (IOM) Congressionally-mandated evaluation of PEPFAR, and on two IOM study committees commissioned by the White House to inform the implementation of the National HIV/AIDS Strategy.

Dr. Kates received her Ph.D. in Health Policy from George Washington University, where she is also a lecturer. She is also a lecturer at the Johns Hopkins School of Advanced International Studies. She holds a Bachelor's degree from Dartmouth College, a Master's degree in Public Affairs from Princeton University's Woodrow Wilson School of Public and International Affairs and a Master's degree in Political Science from the University of Massachusetts.



### **Current Members:**

**Adaora Adimora, MD, MPH**



Dr. Adaora Adimora is a Professor of Medicine and Epidemiology at the University of North Carolina at Chapel Hill. She is a physician-epidemiologist with specialty training and extensive clinical experience in infectious diseases, particularly HIV, both in North Carolina and New York City. She received her medical degree from the Yale University School of Medicine and completed specialty training at Montefiore Hospital in the Bronx, NY. Prior to coming to UNC, she served as Assistant Chief for Science of the NC Health Department's Communicable Disease Control Section. Her research focuses on the epidemiology of HIV and STDs among minority populations. She is particularly concerned with behavioral epidemiology and the role of sexual networks and the socioeconomic context in heterosexual HIV transmission among minorities. Her work has focused on the importance of sexual network patterns and important contextual factors, such as poverty and racism, in promoting behaviors that establish and maintain racial disparities in rates of HIV and other sexually transmitted infections in the United States.

A fellow of the American College of Physicians and the Infectious Diseases Society of America, Dr. Adimora Chairs the Women at Risk Committee for the NIH's HIV Prevention Trials Network's Women at Risk Committee. She has served on the National Institutes of Allergy and Infectious Diseases Advisory Council and as Chair of the HIV Medicine Association and. She also serves on the US Department of Health and Human Services Antiretroviral Treatment Guidelines Panel. She is board certified in internal medicine and infectious diseases. In 2009 The Root (a publication of the Washington Post Company) named Dr. Adimora to its inaugural list of The Root 100, its recognition of "established and emerging African American leaders who are making extraordinary contributions."



**Lucy Bradley-Springer, PhD, RN, ACRN, FAAN**

Lucy Bradley-Springer, PhD, RN, ACRN, FAAN, is an Associate Professor Emerita at the University of Colorado Denver where she was the Principal Investigator and Director of the Mountain Plains AIDS Education and Training Center (1999-2015). She is the editor of the Journal of the Association of Nurses in AIDS Care (JANAC), has worked in the area of HIV infection since 1988, and has developed expertise in HIV prevention, retention in care, and teaching healthcare providers about HIV. Dr. Bradley-Springer is a Vietnam-era veteran of the U.S. Air Force Nurse Corps, a past president of the Association of Nurses in AIDS Care (ANAC), a fellow of the American Academy of Nursing (AAN), and a member of the International Academy of Nurse Editors (INANE).



**Gina Brown , MSW**

Gina Brown is a Program Associate for the Institute of Women and Ethnic Studies where she conducts targeted outreach, HIV testing, and education with Black women at risk for HIV. Prior, Gina Brown was the Planning Council Coordinator at the New Orleans Regional AIDS Planning Council. Gina has worked in the field of HIV for 12 years and has been living with HIV for 20 years. Gina graduated Magna Cum Laude from Southern University at New Orleans, with a Bachelor of Social Work and a minor in History in 2011 and received her Master's degree in 2012. Gina is the past-VP of the School of Social Works' service organization, and Historian of Psi Phi SUNO's chapter of Phi Alpha Social Work Honors Society. Gina has served on numerous boards and committees. Gina is a Public Speaker and Community Advocate. Gina truly believes in service work and has made it her life's mission to help the broader community gain a higher level of health literacy.



**Vignetta Charles, PhD**



Dr. Vignetta Charles is currently serving as Chief Executive Officer at ETR (Education, Training and Research, a national nonprofit focused on advancing health equity through science-based solutions. Before joining ETR, Dr. Charles was Senior Vice President at AIDS United overseeing strategic grant making and capacity building programs. She is an alumna of the University of California at Berkeley, the Harvard School of Public Health, and the Johns Hopkins Bloomberg School of Public Health. Her work experience is diverse and has led to the acquisition of a broad range of skills: conducting scholarly inquiry at academic institutions, evaluating national teen pregnancy prevention programs, assessing the effectiveness of black women's health interventions in Boston, serving as the national health educator for the Commonwealth of Dominica, West Indies, initiating a teen pregnancy prevention portfolio for the William and Flora Hewlett Foundation, and coordinating prevention and youth development programs in both San Francisco and Oakland, California. Dr. Charles currently serves on the Presidential Advisory Council for HIV/AIDS where she advises the Administration and Health and Human Services on pressing issues related to ending the HIV/AIDS pandemic. She also serves on the Board of Directors of the Center for Health and Gender Equity (CHANGE).



### **Cecilia Chung**

Cecilia Chung is nationally recognized as a civil rights leader, advocating for HIV/AIDS awareness and care, LGBT equality, social justice and human rights. She is currently a Health Commissioner in San Francisco where she is the first trans woman appointed to the position by Mayor Ed Lee. Cecilia was also the first trans woman and first person living openly with HIV elected Chair to the San Francisco Human Rights Commission where she has served for over seven years. An immigrant from Hong Kong, Cecilia has lived in San Francisco for over 20 years where she has worked locally and internationally to advance equality and justice.

During that time, she has broken ground in a number of ways including: being the first transgender woman and first Asian to be elected to lead the Board of Directors of the San Francisco Lesbian, Gay, Bisexual, and Transgender Pride Celebration; the first transgender woman and first person living openly with HIV to Chair the San Francisco Human Rights Commission; and, an architect of the nation's most ambitious publicly funded program addressing economic justice within the transgender community.

For almost two decades, she has worked to advance equality and justice both locally and internationally. In 1994 she was a member of the Transgender Discrimination Taskforce, which released a groundbreaking report by the San Francisco Human Rights Commission, documenting widespread discrimination against trans people. The report led the City to adopt many pioneering anti-discrimination ordinances and policies. She is the former Deputy Director of the Transgender Law Center, has also served on a number of planning bodies, including the San Francisco HIV Health Services Planning Council, and was a trainer of Community Planning for the Centers for Disease Control (CDC).

In 2001, she was elected President of the Board of Directors of San Francisco Lesbian, Gay, Bisexual, and Transgender Pride Celebration, becoming the first Asian and first trans gender women to hold the position, and she led the Board to a new standard of inclusion and excellence. In 2004, as a founding producer of Trans March, she helped organize one of the world's largest annual trans events. Cecilia has dedicated herself to ending stigma, discrimination, and violence in all communities.



### **Ligia Peralta, M.D., FAAP, FSAHM, AAHIVS**

Ligia Peralta, M.D., FAAP, FSAHM, AAHIVS is a clinician and scientist with extensive research expertise in the areas of HIV/AIDS, sexually transmitted infections and health disparities. Dr. Peralta is at the Massachusetts Institute of Technology Program in Innovation and Global Leadership. She has led innovative genomics research on women's health and HIV transmission and established international HIV/AIDS clinical and research centers.



Dr. Peralta is a retired tenured Associate Professor of Pediatrics and Epidemiology who served as Chief of the Division of Adolescent and Young Adult Medicine at the University of Maryland School of Medicine. She is board certified in both Pediatrics and Adolescent Medicine. She holds certification from the American Academy of HIV Medicine and serves as its representative to the National Foundation for Infectious Diseases. She has served as Principal Investigator for over 30 NIH and CDC-funded grants and has published in various scientific journals, including PLOS, Journal of General Virology, International Journal of Gynecology and Sexually Transmitted Diseases.

Dr. Peralta has worked with the Department of State in Africa, Caribbean and the Far East (United Arab Emirates) in the development of health care programs. In 2011, she was inducted to the Maryland Hall of Fame and was appointed by the Governor of Maryland to the state Health Care Commission.



**Harlan Pruden**

Harlan Pruden (First Nation Cree/nēhiyaw) Ph.D student at the University of British Columbia's Interdisciplinary Studies Graduate Program and is also the Managing Editor of TwoSpiritJournal.com, an interactive multi-platform Two-Spirit media/news site. Harlan works with the Two-Spirit (LGBT Native) community locally, nationally and internationally. Harlan is a co-founder and former Director of the NorthEast Two Spirit Society. Harlan serves as the principal Two-Spirit consultant to the Tribal Training and Technical Assistance Center. Harlan also serves as an Honorary Committee Member of the Institute for Sexual Minority Studies and Services at the University of Alberta, Canada, and in the spring of 2013, Harlan was appointed to be an American representative to the International Indigenous Peoples Working Group on HIV/AIDS.



**Elizabeth Styffe, RN, MN**

Elizabeth Styffe is the co-founder of the HIV&AIDS Initiative at Saddleback Church with Kay Warren and the Interim Director of the Global HIV&AIDS Initiative. She currently directs the Rwanda Healthcare Initiative. She launched and directs the Orphan Care Initiatives at Saddleback Church, which focuses on equipping churches locally and globally to end the orphan crisis.

An author and international speaker, Elizabeth combines her background in pediatric nursing, loss, grief and trauma with a passion to see the church at the center of HIV and orphan care. Having received a BSN from Biola University and Master's Degree in Nursing from UCLA, she has helped develop robust programs and tools for churches across the globe and is helping churches launch effective ministries which are church-initiated with an emphasis on permanency as the right of every child.



**Mildred Williamson, PhD, MSW**

Mildred Williamson has more than twenty five years in public service with human rights/social justice as her passion. She is an experienced developer and leader of comprehensive health and human service programs for underserved and vulnerable populations. She currently serves as Director of Research & Regulatory Affairs for the Cook County Health & Hospitals System (CCHHS), and as an adjunct professor at the University of Illinois at Chicago School of Public Health (UIC-SPH).

Dr. Williamson has been principal investigator and program administrator for several federally and locally funded health and human service initiatives over the years. She served as HIV/AIDS Section Chief for the Illinois Department of Public Health from 2008-2015 with responsibility for administering HIV prevention,

surveillance and comprehensive service programs, statewide. She began her public health career at Cook County Hospital in 1989 as the first administrator of the Women & Children HIV Program, which today, is part of the CCHHS Ruth M. Rothstein CORE Center - the largest provider of comprehensive HIV services in the Midwest. She went on to administer and manage community-based primary care and HIV programs in CCHHS ambulatory health centers, and in 1998 helped to launch “Project Brotherhood: A Black Men’s Clinic,” while serving as administrator for Woodlawn Health Center in Chicago.

Additionally, she was one of the founding members of AIDS Alliance for Children Youth & Families, a national organization that advocates for women, children, youth and families living with and affected by HIV/AIDS. Dr. Williamson obtained her Master’s and Doctoral degrees in Social Work at the School of Social Service Administration/University of Chicago.

Thank you and if you need additional information, please give me a call.

Kaye

[Kaye.hayes@hhs.gov](mailto:Kaye.hayes@hhs.gov)

## Bell, Michael (OS/ASPA)

---

**From:** Powers, Mary (ACF)  
**Sent:** Thursday, October 12, 2017 5:35 PM  
**To:** Wynne, Maggie (HHS/IOS)  
**Cc:** Wagner, Steven (ACF); Marriott, Brian (ACF); Pilato, Anna (ACF); Negri, Warren A. (ACF); Stevenson, Sarah-Lloyd (HHS/IOS); Smith, Andrew (HHS/IOS)  
**Subject:** DRAFT Statement

Maggie,

Below is the draft statement on the OASH/ACF partnership. Much of the language was discussed on Tuesday.

Let us know if you have edits or questions.

Thanks,  
MP

(b)(5), DRAFT Unfinalized Predecisional Document



Mary Powers  
Policy Advisor | Immediate Office of the Assistant Secretary  
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330 C Street, SW, Washington, DC 20201  
**Office:** (202)260-0084  
**Cell:** (b)(6)  
**Email:** [mary.powers@acf.hhs.gov](mailto:mary.powers@acf.hhs.gov)  
*Confidential and pre-decisional communication.*



**Bell, Michael (OS/ASPA)**

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**From:** Huber, Valerie (HHS/OASH)  
**Sent:** Friday, September 29, 2017 1:57 PM  
**To:** Kemper, Laura (HHS/ASL); Wynne, Maggie (HHS/IOS); Lawrence, Courtney (HHS/ASL)  
**Subject:** DRAFT TA re Reauthorization.docx  
**Attachments:** DRAFT TA re Reauthorization.docx

All-

Hope this is what you had in mind. I'm going into a meeting now, but could chat after it, if you have further questions.

## Bell, Michael (OS/ASPA)

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**From:** Huber, Valerie (HHS/OASH)  
**Sent:** Monday, October 16, 2017 9:46 PM  
**To:** Pilato, Anna (ACF); Powers, Mary (ACF); Wynne, Maggie (HHS/IOS); Wagner, Steven (ACF); Marriott, Brian (ACF)  
**Cc:** Valentine, Steven (HHS/IOS)  
**Subject:** FW: Abt presentation at APPAM  
**Attachments:** DRAFT TPP meta-analysis report\_for OAH.docx

Did you see this? Might be informative as back up in our roll-out

### Valerie Huber

Chief of Staff  
Office of the Assistant Secretary for Health (OASH)  
200 Independence Avenue, SW  
Washington, DC 20201

202 690 7694  
202 401 8034

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**From:** Kappeler, Evelyn (HHS/OASH)  
**Sent:** Monday, October 16, 2017 4:48 PM  
**To:** Huber, Valerie (HHS/OASH)  
**Cc:** Valentine, Steven (HHS/IOS); Kappeler, Evelyn (HHS/OASH)  
**Subject:** RE: Abt presentation at APPAM

Hi Valerie,

Attached is the draft report from the contractor which is now being reviewed by staff at OAH, ASPE and ACYF. This research project was supported by all three agencies. The expert panelists that have advised on this project all along are also being asked to review and provide comments. After all the comments are addressed, our plans is to share it with leadership of the 3 organizations for review and approval of a final report.

If you have comments or questions, please let us know.

Evelyn

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**From:** Huber, Valerie (HHS/OASH)  
**Sent:** Friday, October 13, 2017 7:56 PM  
**To:** Kappeler, Evelyn (HHS/OASH)  
**Cc:** Valentine, Steven (HHS/IOS)  
**Subject:** RE: Abt presentation at APPAM

Hi Evelyn,  
Would you mind sending a copy of the preliminary report, together with the final report as soon as it is received? Many thanks.

Best,  
Valerie

**Valerie Huber**

Chief of Staff  
Office of the Assistant Secretary for Health (OASH)  
200 Independence Avenue, SW  
Washington, DC 20201

202 690 7694  
202 401 8034

---

**From:** Kappeler, Evelyn (HHS/OASH)  
**Sent:** Tuesday, October 03, 2017 10:28 AM  
**To:** Huber, Valerie (HHS/OASH)  
**Cc:** Valentine, Steven (HHS/IOS)  
**Subject:** Abt presentation at APPAM

Valerie,

I checked on the status of the meta-analysis report and we are still waiting for the final draft report from the contractor which we expect to receive in the next week or two. (b)(5) while they're working on finalizing the report.

(b)(5)

We will send you a copy of the report as soon as we have it. If you would like a briefing on the report, please let me know and we'd be happy to arrange it.

Thanks,

Evelyn

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**From:** Huber, Valerie (HHS/OASH)  
**Sent:** Friday, September 29, 2017 4:05 PM  
**To:** Kappeler, Evelyn (HHS/OASH)  
**Cc:** Valentine, Steven (HHS/IOS)  
**Subject:** RE: Encrypted Zip Files for Tier 2 OAH\_CDC grant applications

Evelyn,

I was able to download the file, but it was slow and I had to restart Outlook because it refused to respond initially. If the files don't get any larger, perhaps this will work? Thanks so much for being timely with this request.

Hey, I have another question that I'm hoping you might be able to answer. I see that APPAM is featuring a Panel Paper by Abt. Do you happen to have the report they are referencing?

<https://appam.confex.com/appam/2017/webprogram/Paper23363.html>

We'd be interested in reading it.

Thanks,

Valerie

## Valerie Huber

Chief of Staff

Office of the Assistant Secretary for Health (OASH)

200 Independence Avenue, SW

Washington, DC 20201

202 690 7694

202 401 8034

---

**From:** Kappeler, Evelyn (HHS/OASH)

**Sent:** Friday, September 29, 2017 11:24 AM

**To:** Huber, Valerie (HHS/OASH); Valentine, Steven (HHS/IOS)

**Subject:** Encrypted Zip Files for Tier 2 OAH\_CDC grant applications

Valerie and Steven,

Attached is an encrypted zip file with the Tier 2 OAH-CDC grant applications. Since it is the smallest file, I am sending this as a test to see if your inbox can accommodate the file and whether you are able to open the files. I will send the pass code in a separate encrypted email.

If this works, we can attempt to break out the files in multiple encrypted zip files for the remaining applications and reports.

Let me know if you have other suggestions for sending the files. I expect that sending multiple encrypted zip files will be cumbersome and may take some time to convert and transmit.

Thanks,

Evelyn

Evelyn Kappeler

Director

HHS Office of Adolescent Health

1101 Wootton Parkway, Suite 700

Rockville, Maryland 20852

240-453-2837

[Evelyn.Kappeler@hhs.gov](mailto:Evelyn.Kappeler@hhs.gov)







## Bell, Michael (OS/ASPA)

---

**From:** Pilato, Anna (ACF)  
**Sent:** Friday, October 13, 2017 9:09 AM  
**To:** Wynne, Maggie (HHS/IOS); Powers, Mary (ACF)  
**Cc:** Wagner, Steven (ACF); Marriott, Brian (ACF); Negri, Warren A. (ACF); Stevenson, Sarah-Lloyd (HHS/IOS); Smith, Andrew (HHS/IOS)  
**Subject:** Re: DRAFT Statement

I don't believe Paula has seen the draft yet. Brian do you know? (b)(5)

(b)(5) Look forward to your input.

On: 13 October 2017 04:34, "Wynne, Maggie (HHS/IOS)" <[Margaret.Wynne@hhs.gov](mailto:Margaret.Wynne@hhs.gov)> wrote:

Thank you, Mary.

(b)(5)

Has Paula seen this draft statement?

On: 12 October 2017 17:35, "Powers, Mary (ACF)" <[Mary.Powers@acf.hhs.gov](mailto:Mary.Powers@acf.hhs.gov)> wrote:

Maggie,

Below is the **draft** statement on the OASH/ACF partnership. Much of the language was discussed on Tuesday.

Let us know if you have edits or questions.

Thanks,  
MP

(b)(5)

(b)(5)



Mary Powers

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*Confidential and pre-decisional communication.*

## Bell, Michael (OS/ASPA)

---

**From:** Powers, Mary (ACF)  
**Sent:** Friday, October 13, 2017 9:03 AM  
**To:** Wynne, Maggie (HHS/IOS)  
**Cc:** Wagner, Steven (ACF); Marriott, Brian (ACF); Pilato, Anna (ACF); Negri, Warren A. (ACF); Stevenson, Sarah-Lloyd (HHS/IOS); Smith, Andrew (HHS/IOS)  
**Subject:** Re: DRAFT Statement

(b)(5)  
I don't think Paula has seen this.

(b)(5)

Mary Powers  
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On: 13 October 2017 04:34, "Wynne, Maggie (HHS/IOS)" <[Margaret.Wynne@hhs.gov](mailto:Margaret.Wynne@hhs.gov)> wrote:

Thank you, Mary.

(b)(5)

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On: 12 October 2017 17:35, "Powers, Mary (ACF)" <[Mary.Powers@acf.hhs.gov](mailto:Mary.Powers@acf.hhs.gov)> wrote:

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(b)(5)



(b)(5)



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*Confidential and pre-decisional communication.*

**Bell, Michael (OS/ASPA)**

---

**From:** Marriott, Brian (ACF)  
**Sent:** Friday, October 13, 2017 10:22 AM  
**To:** Pilato, Anna (ACF); Wynne, Maggie (HHS/IOS); Powers, Mary (ACF)  
**Cc:** Wagner, Steven (ACF); Negri, Warren A. (ACF); Stevenson, Sarah-Lloyd (HHS/IOS); Smith, Andrew (HHS/IOS)  
**Subject:** Re: **DRAFT Statement**

To my knowledge she hasn't and either has oash yet.

(b)(5)

(b)(5)

On: 13 October 2017 09:09, "Pilato, Anna (ACF)" <[Anna.Pilato@acf.hhs.gov](mailto:Anna.Pilato@acf.hhs.gov)> wrote:

I don't believe Paula has seen the draft yet. Brian do you know?

(b)(5)

(b)(5)

Look forward to your input.

On: 13 October 2017 04:34, "Wynne, Maggie (HHS/IOS)" <[Margaret.Wynne@hhs.gov](mailto:Margaret.Wynne@hhs.gov)> wrote:

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(b)(5)

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On: 12 October 2017 17:35, "Powers, Mary (ACF)" <[Mary.Powers@acf.hhs.gov](mailto:Mary.Powers@acf.hhs.gov)> wrote:

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MP

(b)(5)



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*Confidential and pre-decisional communication.*

**Bell, Michael (OS/ASPA)**

---

**From:** Exec Sec (OIG) <execsec@oig.hhs.gov>  
**Sent:** Thursday, September 14, 2017 11:46 AM  
**Subject:** OIG Forecast 9/14/17

**Note: An issue date is when Exec Sec officially emails the report to the OpDiv, not the date when the report is posted online.**

On Tuesday, September 12, 2017, the Office of Inspector General (OIG) issued a final report to the Food and Drug Administration (FDA) entitled *Drug Supply Chain Security: Wholesalers Exchange Most Tracing Information*, OEI-05-14-00640.

**Note: Dates below are estimates only, rather than firm deadlines, and are based on where the reports currently are in the Advanced Clearance and Editing System (ACES).**

**FINAL REPORTS**

**Issue Date: 1 week (estimated)**

**Medicare Inappropriately Paid Acute-Care Hospitals for Outpatient Services They Provided to Beneficiaries Who Were Inpatients of Other Facilities, A-09-16-02026**

(b)(5)



(b)(5)

**Issue Date: 2 weeks (estimated)**  
**Enhancements Needed in the Tracking and Collection of Medicare Overpayments Identified by ZPICs and PSCs, OEI-03-13-00630**

(b)(5)



**Issue Date: 2 weeks (estimated)**

**CMS Did Not Provide Effective Oversight To Ensure That State Marketplaces Always Properly Determined Individuals'**

**Eligibility for Qualified Health Plans and Insurance Affordability Programs (A-09-16-01002)**



(b)(5)

A large rectangular area of the document is completely redacted with a solid black fill. It is bordered by a thin red line on the top, right, and bottom, and a thicker red line on the left.

**Issue Date: 1 week (estimated)**  
**OHRP Should Inform Potential Complainants of How They Can Seek Whistleblower Protections, OEI-01-15-00351**

(b)(5)

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(b)(5)



**Issue Date: 2 weeks (estimated)**  
**Challenges Remain in FDA’s Inspections of Domestic Food Facilities, OEI-02-14-00420**

(b)(5)



Thank you.